

MHR

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

Plaintiff(s) Bloisie Nader

Louisa A. Nader

Penjamin A. Nader

V. Case No.

08 CV 2333

U.S. EPA Regions

Coat

Defendant(s)

Peter Swanson, Chief  
NAPDES Programs Branch

77 W. Jackson Blvd  
Chicago, IL 60604

FILED

APR 28 2008

4-28-2008

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

Alvin Naderman  
water division

77 W. Jackson Blvd  
Chicago, IL 60604

Exhibits Attached

***AFGE - Local 704***  
**American Federation of Government Employees AFL-CIO**  
**P. O. Box 0799**  
**Chicago, Illinois, 60690-0799**  
**(312) 886-3575**

**MEMORANDUM**

DATE: 7-3-02

SUBJECT: Information Request Pursuant to 7114(b)(4) of the Federal Service Labor Management Relations Statute, Request for Records under the Privacy Act Request, and FOIA Request

FROM: Don Anderson, Steward and Vice President for the Non-Professional Unit  
AFGE Local 704

Elloise Hahn, Section 2, ECAB, Water Division

TO: Jennifer Lang, Human Relations Officer  
Patrick Kuefler, Chief, Section 2, ECAB, Water Division  
Louise DeBrower,  
Regional Freedom of Information Act Officer

The following is a Union Request for Information pursuant to Section 7114(b)(4) of the Federal Service Labor Management Relations Statute. This request is also made pursuant to Article 5, Section 5, and Article 34 of the Master Collective Bargaining Agreement (MCBA) between the United States Environmental Protection Agency (U. S. EPA) and the American Federation of Government Employees (AFGE). This request is also made pursuant to the Freedom of Information Act and the Privacy Act.

**Requestors:** Eloise Hahn, AFGE Local 704 on behalf of Eloise Hahn, and AFGE Local 704, P. O. Box 0799, Chicago, Illinois, 60690-0799, (312) 886-3575.

**Union Contacts:** Don Anderson, AFGE Local 704, P.O. Box 0799, Chicago, IL 60690-0799

**Agency Contact:** Jennifer Lang, Human Resources Officer, MP-10J

**Information Requested:**

1. All supervisory notes, e-mail messages, records of communication, and all other documents that were utilized in the decision making process and in the decision itself

regarding the PAP given to Eloise Hahn in the year 2002. Provide copies of all requested items whether in electronic, handwritten, or typed form.

2. A copy of each PAP issued to an employee of the Water Division, including PAPs issued to individuals classified as being part of management, since January 1, 2000. A copy of all supervisory notes, e-mail messages, memos, letters, records of communication, and all other documents related to each PAP issued in the Water Division since January 1, 2000. This request also seeks all documents that amend or alter those PAPs in any way.
3. All notes, e-mail messages, memos, letters, records of communication, and all other documents kept by any employee, supervisor or management representative in any system of records that pertain to the performance and/or conduct of Eloise Hahn or is kept in a file under her name, social security number, or other personal identifier. This request covers calendar years 2000 through the date of this request.
4. All notes, e-mail messages, or records of communication concerning the performance and/or conduct of Eloise Hahn that is kept by any employee, supervisor or management representative that is claimed to be a "memory jogger", place keepers, or other form of record claimed to be exempt from disclosure under the Privacy Act. This request covers calendar years 2000 through the date of this request.
5. All records of assignments given to all professional employees who work in the same branch as Eloise Hahn. This request is for records for the period of calendar years 2000, 2001 and 2002. We are seeking information on the date of each assignment, the nature of each assignment, and all instructions provided to the employee regarding the assignment including instructions regarding due dates for the assignments.
6. All records of the completion of assignments for all professional employees who work in the same branch as Eloise Hahn. This request is for records for the period of calendar years 2000, 2001 and 2002. We are seeking information on the date that assignments were completed or reassigned.
7. Copies of all 2001 and 2002 PERFORMS agreements, mid year and end of year appraisals for all professional employees who work in the same branch as Eloise Hahn and for each manager who supervised that branch and sections within that branch in 2001 and/or 2002.
8. All records of the dates when professional employees and managers, who worked in the same branch as Ellie Hahn or supervised it, worked on flexi-place during 2000 and 2001. This request covers all forms of flexi-place. The records we are requesting include records of the dates and records which show the work that was done by the employees on Flexi-place.
9. Records of the age, sex, and perceived or actual disabilities for each professional employee in the branch where Eloise Hahn works. This request covers the period from

2000 through the present time. Records of all complaints, and the nature of the complaints, of discrimination made by employees in the branch where Eloise worked during the time period from January 1, 2000 to the present time.

10. Records which indicate the name of each supervisor who supervised Eloise Hahn between January 1, 2000 and the present time, the dates that supervisor supervised Eloise, and all records that each supervisor prepared which concern Eloise's performance and/or conduct.
11. Records of the training in implementing the PERFORMS system received by each supervisor who supervised Eloise Hahn at any time between January 1, 2000 and the present time. We are seeking records of the date of such training, the duration of such training, and the identity of the training provider and name of the training course. We are seeking only records of training that supervisors receive regarding how they are to implement the PERFORMS system as described in Article 34 of the MCBA.
12. Records of all awards given to employees and supervisors who work in the same branch as Eloise. The information requested includes information on awards given for any reason including quality step increases, time off awards, honor awards, cash awards, and any other form of award. We request that you provide the written justification that was prepared for each award.

**Particularized Need:** The Union needs the information to represent Eloise Hahn in challenging a PAP issued to her in 2002. The union also needs the information to protect Eloise against continuing, illegal, harassment and discrimination she has experienced for a prolonged period of time.

13. The information requested under #1 above is needed to prove that management did not rely on appropriate information when it decided to place Eloise on a PAP. The information is also needed to show that management did not comply with Article 34 when it placed Eloise on a PAP. The union needs the information that was requested in order to show that management had other motives and reasons for placing Eloise on a PAP and those reasons and motives were not based on her performance under her PERFORMS. The information requested in #1 is needed to show that management has not complied with Article 37, Equal Employment Opportunity, of the MCBA.
14. The information requested in #2 above is needed to show that management is not following Article 34 of the MCBA. The information is needed to show a continuing pattern of violation of Article 34 of the MCBA. The information is also needed to show that Eloise is not being treated in a fair and equitable manner in comparison to other employees. The information requested in #2 is needed to show that management has not complied with Article 37, Equal Employment Opportunity, of the MCBA.
15. The information requested in #3 above is needed to show that management has, on a

continuing basis, engaged in an ongoing pattern of illegal retaliation, age discrimination, discrimination based on marital status, discrimination based on sex, and discrimination based on disability or perceived disability, against Eloise Hahn. The information is needed to show that managers and other employees engaged in an ongoing effort to discriminate against Eloise based on her race, age, sex, marital status, and actual or perceived disability. The information is needed to show that management engaged in a continuing pattern of harassment and retaliation against Eloise based on the fact she previously filed allegations of discrimination and grievances under the MCBA. The information requested in #3 is needed to show that management has not complied with Article 37, Equal Employment Opportunity, of the MCBA.

16. The information requested in #4 is needed for the same reasons provided in the previous paragraph. However, the information requested in #4 is confined to information that management does not provide in response to request #3. The information requested in #4 is requested pursuant to the FOIA and 7114(b)(4) of the Federal Service Labor Management Relations Statute. The information requested in #4 is intended to cover records that management refuses to provide under #3 due to management's claim that the records are exempt from disclosure based, allegedly, on the fact that the information is in the form of memory joggers or other records exempt from the Privacy Act. The information is needed to show that management attempted to improperly hide the discriminatory and retaliatory basis for its actions against Eloise Hahn by keeping records of such actions in files it claims are exempt from disclosure under the Privacy Act. The information is needed to show that management violated Article 34 of the MCBA. The information requested in #4 is needed to show that management has not complied with Article 37, Equal Employment Opportunity, of the MCBA.

17. The information requested in #5 is needed to demonstrate that, on a continuing basis, management has violated the MCBA because it has not treated Eloise fairly or equitably in terms of the assignments provided to her, the nature of those assignments, and the instructions given to her for those assignments. The information is also needed to show that tasks in the PAP management created for Eloise is not consistent with the past work assignment practices employed in the section where Eloise works. The information is needed to demonstrate that, on a continuing basis, management has not assigned work to Eloise and others employees in a manner that is consistent with what is in the PERFORMS for each employee. The information is needed to show that management is engaged in prohibited discrimination and retaliation against Eloise in the assignment of work based on factors such as race, age, sex, marital status, perceived or actual disability and based on retaliation. The information requested in #5 is needed to show that management has not complied with Article 37, Equal Employment Opportunity, of the MCBA.

18. The information requested in #6 is needed to show that, on a continuing basis, management has violated the MCBA because it has not treated Eloise fairly or equitably in terms of the due dates for assignments given to her. The information is also needed to show that deadlines in the PAP management created for Eloise are not consistent with the past work assignment practices employed in the section where Eloise works. The information is needed to demonstrate that management has not established due dates for work for Eloise and others employees that are consistent with what is in the PERFORMS for each employee. The information is needed to

show that management is engaged in prohibited discrimination in the establishment of due dates for work based on factors such as race, age, sex, marital status, perceived or actual disability and retaliation and based on retaliation. The information requested in #6 is needed to show that management has not complied with Article 37, Equal Employment Opportunity, of the MCBA.

19. The information requested in #7 is needed to show that, on a continuing basis, the PERFORMS agreements and end of year appraisals in the section where Eloise works were not done in compliance with Article 34 of the MCBA. In addition, the information is needed to show that, on a continuing basis, the PERFORMS appraisals or feedback under the PERFORMS system given to Eloise was not consistent with that given to other employees. The information is needed to show that the work practices that Eloise followed in the past and which were acceptable to management are now being claimed to be unacceptable under substantially similar performance standards. The information is needed to show that, on a continuing basis, management has not treated Eloise fairly and equitably because it has not applied the PERFORMS system to Eloise in the same manner it has applied it to other employees who work in substantially similar jobs or who have substantially similar duties. The information is needed to show that management is engaged in prohibited discrimination in the establishment of due dates for work based on factors such as race, age, sex, marital status, perceived or actual disability and retaliation and based on retaliation. The information requested in #7 is needed to show that management has not complied with Article 37, Equal Employment Opportunity, of the MCBA.

20. The information requested in #8 is needed to show that management has violated a national and local agreement on flexi-place by failing to implement it in a fair and equitable manner on a continuing basis. The information in #8 is needed to show that management is not treating employees who are on flexi-place in the same manner as employees who are not on flexi-place. The information in #8 is needed to show that management has refused to approve flexi-place for Eloise in violation of a local agreement on flexi-place and as part of a pattern of continuing discrimination based on Eloise's race, sex, age, marital status, perceived or actual disability and in retaliation against Eloise for having filed complaints of discrimination and grievances. The information requested in #8 is needed to show that management has not complied with Article 37, Equal Employment Opportunity, of the MCBA.

21. The information requested in #9 is needed to show that, on a continuing basis, management has not treated Eloise fairly or equitably and violated the MCBA. The information requested in #9 is needed to show that management engaged in a pattern of discrimination based on race, age, sex, marital status, perceived or actual disability, and management engaged in harassment and retaliation against those who complained of such discrimination or who filed grievances. The information requested in #9 is needed to show that management has not complied with Article 37, Equal Employment Opportunity, of the MCBA.

22. The information requested in #10 is needed to determine if Eloise's many managers since January 1, 2000, complied with Article 34 of the MCBA. The information is needed to show that management, on a continuing basis, has not treated Eloise fairly and equitably and violated the MCBA. The information requested in #10 is needed to show that management engaged in

a pattern of discrimination based on race, age, sex, marital status, perceived or actual disability, and management engaged in harassment and retaliation against those who complained of such discrimination or who filed grievances. The information requested in #10 is needed to show that management has not complied with Article 37, Equal Employment Opportunity, of the MCBA..

23. The information requested in #11 is needed to show that the managers in Eloise's section did not have the required training in the appraisal of employees under the PERFORMS system. The information requested in #11 is needed to show that managers in Eloise's section did not have the required training in how to create and implement a PAP.

24. The information requested in #12 is needed to show that management engaged in a pattern of discrimination based on race, age, sex, marital status, perceived or actual disability, and management engaged in harassment and retaliation against those who complained of such discrimination or who filed grievances. The information requested in #12 is needed to show that management violated article 35 of the MCBA. The information requested in #12 is needed to show that management awarded other employees for work done by Eloise and that Eloise was not given appropriate credit for such award winning work during appraisals conducted under the PERFORMS system.

The Union also needs the information in #1 through #12 to confirm that management has violated 18 U. S. C. 1001 concerning fraud or false statements in a Government Matter due to the false statements made concerning the performance and conduct of Eloise Hahn and other false statements management has made in records it has generated. The information is also needed to confirm that false statements were made concerning how management fulfilled its obligations in Article 34 of the MCBA in relation to Eloise Hahn and other employees. The information is needed to enable Eloise Hahn and AFGE to challenge the position taken by management concerning the performance of Eloise Hahn and in actions management has taken, or proposed, against Eloise Hahn.

The purpose of this request for information is to represent Eloise Hahn and other bargaining unit members. Denial of the requested information would prevent the Union from adequately representing Eloise Hahn in anticipated and ongoing proceedings management has initiated against this employee. The purpose of this request is also to enable the union to meet its obligation to make sure that management is in compliance with the MCBA. The nature of the request and the needs identified above require that personal identifiers remain in each record requested.

Provide the requested information no later than two weeks from the date of this request. We request that any associated fees be waived. Failure to respond promptly to this request may result in an action by AFGE Local 704 and/or Eloise Hahn to enforce the MCBA and laws identified herein.

**Privacy Act:** The Union believes that some of the documents and records (including electronic records) may be subject to the Privacy Act. By signing this request, Eloise Hahn is allowing

Don Anderson, Jeffrey Bratko and Chuck Orzechoskie of AFGE to review and receive the requested information concerning her that is subject to the Privacy Act and would not otherwise be available to the union under the FOIA or Pursuant to 7114(b)(4) of the Federal Service Labor Management Relations Statute .

**Public Interest:** The disclosure of these documents would insure that U. S. EPA honors its obligations under the MCBA, 18 U. S. C. Section 1001 and Sections 7102 and 7116 of the Federal Service Labor Management Relations Statute. The disclosure of these documents would also be in the public interest because they are being used to insure that Eloise Hahn and other bargaining unit members are being treated fairly and in a consistent manner when subjected to corrective actions. The disclosure of these documents would be in the public interest by making the public aware of violations of the U. S. C. and regulations. The public interest outweighs any privacy interests. The need for AFGE to represent (Insert employees name) outweighs any alleged privacy interests.

**Other Matters:** The Union is willing to meet with appropriate Agency officials to discuss this request and any Privacy Act concerns that management may have concerning the request.

cc: AFGE Local 704

Chest AP

HAHN, ELOISE - 000102514601

\* Final Report \*

Result Type: Chest AP  
 Result Date: 22 May 2007 20:57  
 Result Status: Authenticated  
 Result Title: XR Chest AP (Portable)  
 Performed By: NUDELMAN, EARL J. on 23 May 2007 8:19  
 Verified By: NUDELMAN, EARL J. on 24 May 2007 8:38  
 Encounter Info: 000092502657, NMH, Emergency, 5/22/2007 - 5/22/2007

\* Final Report \*

**Reason For Exam**  
R/O PAIN-ER#TRAUMA-1

**Report**

**HISTORY:** Rib pain.

A supine portable film of the chest was made on 5/22/07 at 2055 hours. No prior films of the chest are available for comparison.

The heart is slightly enlarged accentuated by portable technique. The aorta is prominent. There is widening of the mediastinum presumably due to great vessels. The film was made in a lordotic position. The right hemidiaphragm is elevated.

The markings at the left lung base are prominent. There may be medial infiltration and/or atelectasis at the left base. No focal area of consolidation is seen. A cone is in place over the abdomen. There are degenerative changes involving the spine and shoulders.

If prior chest films are available comparison with the current study would be helpful. Followup, routine upright PA and lateral radiographs of the chest in deep inspiration are suggested for correlation with the current study. A corrected fax report was sent to the emergency room at 0820 hours on 5/23/07. C. Guajardo, RN the charge nurse in the emergency room was notified.

**IMPRESSION**

INCREASED DENSITY IS NOTED AT THE LEFT BASE. THIS MAY BE DUE TO PROMINENCE OF THE MARKINGS AT THE LUNG BASE. INFILTRATION AND/OR SOME ATELECTASIS AT THE LEFT BASE CANNOT BE COMPLETELY EXCLUDED. FOLLOWUP PA AND LATERAL RADIOGRAPHS OF THE CHEST ARE SUGGESTED FOR CORRELATION WITH THE CURRENT STUDY. THE MID PORTION OF THE LEFT HEMIDIAPHRAGM IS OBSCURED ON THE STUDY.

Chest AP

HAHN, ELOISE - 000102514601

\* Final Report \*

CURRENT STUDY.

**Signature Line**

\*\*\*Final Report\*\*\*

Attending Radiologist: NUDELMAN, EARL J. MD

Date Signed Off: 05/24/2007 08:38

Transc. by: KR 05/23/2007 08:28

Dictated by: NUDELMAN, EARL J. 05/23/2007 08:19

**Completed Action List:**

- \* Order by Emergency-Room. Dept on 22 May 2007 20:02
- \* Perform by Peters, Robert on 22 May 2007 20:57
- \* VERIFY by NUDELMAN, EARL J. on 24 May 2007 8:38

Psych - Integrated Assessment

HAHN, ELOISE - 000102514601

Result Type: Psych - Integrated Assessment  
 Result Date: 22 May 2007 21:35  
 Result Status: Modified  
 Result Title: PSYCH- Integrated Assessment  
 Performed By: COSTAKIS, ANNA on 22 May 2007 23:13  
 Verified By: COSTAKIS, ANNA on 22 May 2007 23:13  
 Encounter Info: 000092502657, NMH, Emergency, 5/22/2007 - 5/22/2007

### Document Has Been Updated

**PSYCH- Integrated Assessment** Entered On: 5/22/2007 21:57  
 Performed On: 5/22/2007 21:35 by Burrows, Andrew

#### Patient Information

*Living Arrangements - PSYCH:* lives with daughter, in a house, at 313 East 1300 North, Chesterton, IN 46304, 708-408-8266.

Burrows, Andrew - 5/22/2007 23:32

(lives with daughter in a house at 313 East 1300 North, Chesterton, IN 46304, 708-408-8266, charted by Burrows, Andrew at 5/22/2007 21:34)

*Residential Arrangement:* 22 - Private residence, client is unsupervised, considered to be living independently

*Household Composition - PSYCH:* 20 - Lives with one or more relatives (biological, step or adoptive)

*Marital Status:* Divorced

*Sexual Orientation - PSYCH:* Other: "Neither, no sex"

*Race - PSYCH:* 10 - White (origins in any of the original peoples of Europe, North Africa or Middle East)

*Hispanic Origin - PSYCH:* 00 - Not of Hispanic Origin

*Citizenship - PSYCH:* Yes

*Military Status - PSYCH:* None

*Education Level - PSYCH:* 50 - College Bachelor's degree

*Employment - PSYCH:* 30 - Not in the labor force (retired, homemaker, student, resident/inmate of an institution)

*Primary Language - PSYCH:* 10 - English

*Interpreter Services - PSYCH:* 0 - Services not needed

*Special Needs - PSYCH:* None

*Learning Styles - PSYCH:* Individual, Kinesthetic

*Referral Information - PSYCH:* Brought by CPD Officer Escamilla (beat 172/star 16095).

Burrows, Andrew - 5/22/2007 21:34

#### Patient Information (cont)

*Comments - Pt chief complaint - PSYCH:* "I don't know...All I know is it's past my bedtime and I'm very tired".

*Comments - Signs and Symptoms - PSYCH:* States that she has "extreme work place stress...insomnia" Brought by Police Officers for being combative with police. Denies

Psych - Integrated Assessment

HAHN, ELOISE - 000102514601

psychiatric Dx, SI, HI, hallucinations, paranoia, depressed mood, manic mood, sleep problems (taking Seroquel for sleep), appetite problems, concentration problems, sadness, hopelessness, guilt feelings, anxiety, increased or decreased energy, amotivation and social withdrawal. States that she went to Human Resources (at work) to request her pension and got into an altercation there and was detained by police officers and brought the ER. Reports her stressors as work conflict, health problems and having to sell a house.

Burrows, Andrew - 5/22/2007 21:34

**Violence Potential to Self - Suicide***Past Ideation - PSYCH:* No

Burrows, Andrew - 5/22/2007 22:34

*Suicide Ideation - PSYCH:* Denies suicide ideation*Previous Attempts - PSYCH:* No*Family Suicide History - PSYCH:* No

Burrows, Andrew - 5/22/2007 21:57

**Violence Potential to Self - Self Injury***Demonstrates self-destruction - PSYCH:* No*Previous behavior - PSYCH:* No

Burrows, Andrew - 5/22/2007 22:34

*Self injury - PSYCH:* Denies self injury

Burrows, Andrew - 5/22/2007 21:57

**Violence Potential to Others - Homicide Risk***Past homicidal ideation - PSYCH:* No

Burrows, Andrew - 5/22/2007 22:34

*Homicide Ideation - PSYCH:* Denies homicide ideation

Burrows, Andrew - 5/22/2007 21:57

**Violence Potential to Others - Assault***Previous assault attempts - PSYCH:* No

Burrows, Andrew - 5/22/2007 23:32

*Comments - verbal aggressive:* Was yelling in the ER.*Verbal aggressive behavior - PSYCH:* Yes*Comments - Aggressive behavior:* Was reportedly combative in the ER.*Physical aggressive behavior - PSYCH:* Yes

Burrows, Andrew - 5/22/2007 22:34

*Assaultive behavior - PSYCH:* Denies assaultive behavior*Property destruction - PSYCH:* No

Burrows, Andrew - 5/22/2007 21:57

**Patient Screening**GRID- PSYCH Legal Screening*Incarceration:* None*Recent Arrest:* None

Burrows, Andrew - 5/22/2007 21:57

*Pending court date - PSYCH:* No

Psych - Integrated Assessment

HAHN, ELOISE - 000102514601

Burrows, Andrew - 5/22/2007 21:57

Comments- Legal Screening: ~~[IN ERROR]~~

Burrows, Andrew - 5/22/2007 23:32

~~((planning on suing a contractor and US EPA)charted by Burrows, Andrew at 5/22/2007 21:57-  
GRID- PSYCH patient is victim~~Gang Involvement: Denies

Burrows, Andrew - 5/22/2007 21:57

Physical Assault: Current, "Today, by those policemen".

Burrows, Andrew - 5/22/2007 23:32

~~((Current, TODAY BY THOSE POLICEMEN,)charted by Burrows, Andrew at 5/22/2007 21:57-  
Sexual Molestation: Denies~~Rape: Denies

Burrows, Andrew - 5/22/2007 21:57

Domestic Abuse/Neglect: Past, Reports abuse from 1st & 2nd husbands.

Burrows, Andrew - 5/22/2007 23:32

~~((Past, abused by 1st & 2nd husband)charted by Burrows, Andrew at 5/22/2007 21:57-  
Child Abuse/Neglect: Denies~~GRID- PSYCH Patient is perpetratorGang Involvement: DeniesPhysical Assault: DeniesSexual Molestation: DeniesRape: DeniesDomestic Abuse/Neglect: DeniesElder Abuse: DeniesExploitation of the Elderly: DeniesChild Abuse/Neglect: Denies

Burrows, Andrew - 5/22/2007 21:57

Available Firearm - PSYCH: NoCurrent use - PSYCH: Denies usecageaid 1 - PSYCH: Nocageaid 2 - PSYCH: Nocageaid 3 - PSYCH: Nocageaid 4 - PSYCH: NoCurrent tobacco use - PSYCH: Yestobacco amount - PSYCH: 1/2 PPD

Burrows, Andrew - 5/22/2007 21:57

**Patient Medical Information**Primary physician number- PSYCH: 708-795-8900Comments- PSYCH med information: Hypothyroidism, Osteoporosis, HTN and High

Cholesterol.

~~((hypothyroidism, osteoporosis, HTN, high cholesterol,)charted by Burrows, Andrew at  
5/22/2007 21:57-  
Page 3 of 7  
(Continued)~~

Psych - Integrated Assessment

HAHN, ELOISE - 000102514601

Primary Care Physician - PSYCH: Yili Guo, M.D.

Burrows, Andrew - 5/22/2007 23:32

((see in berwyn)charted by Burrows, Andrew at 5/22/2007 21:57-)

Allergies (Active)

No Known Allergies

*Estimated Onset Date: Unspecified ; Category: Drug ; Substance: No Known Allergies ; Type: Allergy ; Reviewed Date: 5/22/2007 22:05*

## Psychiatric/Substance Abuse History

*Comments- psych inpt bx: Reports that her only mental health treatment was 2 visits, last June (2006), with a psychologist (Alan F. Friedman, PhD, 312-368-4515).*

Burrows, Andrew - 5/22/2007 23:32

((Dr. alan friedman, psychologist, 30-n michigan- june, 2006. X2,))charted by Burrows, Andrew at 5/22/2007 21:57-)

PSYCH- outpatient treatment: History of treatment

PSYCH- sub outpatient treatment: None noted

PSYCH- inpatient treatment: None noted

PSYCH- sub inpatient treatment: None noted

PSYCH- previous meds: None noted

PSYCH- family: None noted

Burrows, Andrew - 5/22/2007 21:57

## Mental Status - Integrated Assessment

PSYCH- Appearance/Behavior: Cooperative, good eye contact, well groomed

PSYCH- Speech: Fast, loud

PSYCH- Psychomotor behavior: None noted

PSYCH- Resting Tremor: No

PSYCH- Intention tremor: No

PSYCH- Involuntary movements: None noted

PSYCH- Mood and affect: irritable, Tense

PSYCH- Thought Content: Poor decision making skills

*Comments- PSYCH thought content: no SI, no HI, no AH/VH, possible paranoid delusions but unclear*

PSYCH- thought process: circumstantial

Comments- PSYCH Impulse control: poor

Comments- PSYCH Judgment: impaired

Comments- PSYCH Neurovegetative: pt denies

COSTAKIS, ANNA - 5/22/2007 23:13

## Mini-Mental State Exam

Orientation Questions GRID

What is today's date: Right

What is the month: Right

Psych - Integrated Assessment

HAHN, ELOISE - 000102514601

*What is the year:* Right*What day of the week is today:* Right*What season is it:* Right*What is the name of this clinic (place):* Right*What floor are we on:* Right*What city are we in:* Right*What county are we in:* Right*What state are we in:* Right

COSTAKIS, ANNA - 5/22/2007 23:13

*Today's date:* 5/22/2007

COSTAKIS, ANNA - 5/22/2007 23:13

**Social System/Aftercare Assessment***Comments- PSYCH family relationships:* Daughter (Louise) and son (Gus).*Comments- PSYCH employment hx:* States that she has worked 18 years as an Environmental Engineer for the U.S. Environmental Protection Agency, want to retire immediately.*Comments- PSYCH social support:* Friends and children.daughter (louise) son (gus)~~(daughter (louise) son (gus)charted by Burrows, Andrew at 5/22/2007 21:57 )~~*Comments- PSYCH developmental hx:* "I had a wonderful father and mother".

Burrows, Andrew - 5/22/2007 23:32

~~(i had a wonderful father and mother)charted by Burrows, Andrew at 5/22/2007 21:57 )~~*PSYCH- military history:* No

Burrows, Andrew - 5/22/2007 21:57

*Comments- PSYCH education hx:* States that she has B.S. in Engineering.

Burrows, Andrew - 5/22/2007 23:32

~~(B.S. engineering)charted by Burrows, Andrew at 5/22/2007 21:57 )~~*PSYCH- agency involvement:* Denies*PSYCH- spiritual support:* Denies

Burrows, Andrew - 5/22/2007 21:57

*Comments- PSYCH housing:* Reports that she moved from Berwyn, IL to Chesterton, IN, last December (2006) and now needs to sell her house in Berwyn.~~(moved to indiana last december)charted by Burrows, Andrew at 5/22/2007 21:57 )~~*Comments- PSYCH leisure activity:* Enjoys activities with friends.

Burrows, Andrew - 5/22/2007 23:32

~~(friends)charted by Burrows, Andrew at 5/22/2007 21:57 )~~**Bio-Psycho-Social Case Formulation***Comments- Bio-psycho-social:* This is a 53 y/o domiciled, employed, white female with no formal psychiatric history who was brought to the ED by CPD for being combative. She says that she works at the U.S. Environmental Protection Agency and that they've been trying to find a reason to fire her and thus basically harrassing her. She says that she decided that she had enough of this today and went to HR to inquire about her retirement benefits. There was a heated confrontation, the CPD was called, and she ended up restrained in the ambulance. She does not recall how this came about. She insists that she's gotten a UTI because her boss keeps

Psych - Integrated Assessment

HAHN, ELOISE - 000102514601

track of how much time she spends away from her desk, and she's scared to go to the bathroom. She also says that her bones are brittle from the toxins to which she's been exposed. She denies any neurovegetative or manic symptoms. She denies any AH or VH. The pt says that her only contact with psychiatry was a psychologist she saw twice last summer for work stress. She denies any past inpatient admissions or suicide attempts. She denies any CD problems. Utox positive for benzos. Pt denies any family psych history. She has worked at the EPA for 18 yrs. She lives in a house with her daughter in Indiana. Her medical problems include hypothyroidism, DM and osteopenia.

*Comments- Additional Bio-psycho-social:* Inpatient hospitalization not currently indicated.

*Capacity Statement:* I have determined the patient does have the capacity to make a reasoned decision about the treatment (psychotropic medication).

COSTAKIS, ANNA - 5/22/2007 23:13

#### Additional Information/Notes

*Comments- PSYCH IA Notes:* - Medically cleared in ED.- Seen and evaluated by crisis nurse and psych ROC.- Spoke to pt's daughter, Louise, who says that the pt has been acting like herself recently aside from her work stress. The pt's daughter says that she has not reported any SI or HI to her and that she's been taking care of herself at home. - Discussed case with Dr. Ziffra who agrees that pt is not certifiable at this point and is unwilling to come in voluntarily. Likely pt is hypomanic but not commitable. Will refer her to her Employee Assistance Program and her PCP.

---

2200: Pt is not in need of inpt psych hospitalization B/C she is not a danger to herself or others, and she is able to care for herself. I concur with disposition. M K Faul Lynch, LCSW, CARN 5/22/07

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Faul, Mary Kay - 5/23/2007 4:33

~~(- Medically cleared in ED.- Seen and evaluated by crisis nurse and psych ROC.- Spoke to pt's daughter, Louise, who says that the pt has been acting like herself recently aside from her work stress. The pt's daughter says that she has not reported any SI or HI to her and that she's been taking care of herself at home. - Discussed case with Dr. Ziffra who agrees that pt is not certifiable at this point and is unwilling to come in voluntarily. Likely pt is hypomanic but not commitable. Will refer her to her Employee Assistance Program and her PCP.) charted by COSTAKIS, ANNA at 5/22/2007 23:21)~~

*PSYCH- Disposition:* Discharge

*PSYCH- Disposition Location:* Home

COSTAKIS, ANNA - 5/22/2007 23:21

**PSYCH Adult Patient**

*Axis I Adult Diagnosis 1:* Mood disorder NOS

*Axis II Adult Diagnosis 1:* deferred

Psych - Integrated Assessment

HAHN, ELOISE - 000102514601

*Comments- Axis III: hypothyroidism, DM, osteopenia**Comments- Axis IV: work stressors**PSYCH- Current GAF: 45*

COSTAKIS, ANNA - 5/22/2007 23:21

**PSYCH Adult Patient (cont)***FIA Question 1: Applies**FIA Question 4: Applies**FIA Question 7: Applies**Adult GAF at Closing: 45**Adult PSYCH Disposition: (04) Referred to other provider for Treatment*

Burrows, Andrew - 5/22/2007 23:32

**Cosignatures***PSYCH Provider 3: Faul, Mary Kay**PSYCH Provider Date 3: 5/22/2007 22:00**PSYCH Provider 4: Faul, Mary Kay**PSYCH Provider Date 4: 5/22/2007 22:00*

Faul, Mary Kay - 5/23/2007 4:35

*PSYCH Provider 2: COSTAKIS, ANNA*

COSTAKIS, ANNA - 5/22/2007 23:21

**Completed Action List:**

- \* VERIFY by COSTAKIS, ANNA on 22 May 2007 23:13
- \* Sign by COSTAKIS, ANNA on 22 May 2007 23:13
- \* Perform by COSTAKIS, ANNA on 22 May 2007 23:13
- \* Sign by COSTAKIS, ANNA on 22 May 2007 23:21
- \* Modify by COSTAKIS, ANNA on 22 May 2007 23:21
- \* Sign by Burrows, Andrew on 22 May 2007 23:32
- \* Modify by Burrows, Andrew on 22 May 2007 23:32
- \* Sign by Faul, Mary Kay on 23 May 2007 4:33
- \* Modify by Faul, Mary Kay on 23 May 2007 4:33
- \* Sign by Faul, Mary Kay on 23 May 2007 4:35
- \* Modify by Faul, Mary Kay on 23 May 2007 4:35

Patient: HAHN, ELOISE  
MRN: 000102514601

## Flowsheet Print Request

Printed by: Zaplain-Adams, Imelda  
Printed on: 7/8/2007 0:37

Date Range: 1/1/2007 0:00 - 7/6/2007 23:59

6/22/2007 19:25	White Cell Count	6.4	(3.5 - 10.5)
	Red Cell Count	4.08	(3.80 - 5.20)
	Hemoglobin	12.1	(11.6 - 15.4)
	Hematocrit	36.3	(34.0 - 45.0)
	MCV	89	(80 - 99)
	MCH	29.6	(27.0 - 34.0)
	MCHC	33.3	(33.0 - 35.5)
	RDW	13.0	(11 - 15)
	Platelet Count	252	(140 - 390)
	Differential Type	AUTO	
	Neutrophils	56	(34 - 73)
	Lymphocytes	34	(15 - 50)
	Monocytes	6	(5 - 15)
	Eosinophils	3	(0 - 8)
	Basophils	1	(0 - 2)
	Absolute Neutrophils	3.5	(1.5 - 8.0)
	Absolute Lymphocytes	2.2	(1.0 - 4.0)
	Absolute Monocytes	0.4	(0.2 - 1.0)
	Absolute Eosinophils	0.2	(0.0 - 0.60)
	Absolute Basophils	0.0	(0.0 - 0.20)
	Alcohol	A 118	(NEG - )
	Sodium	140	(135 - 148)
	Potassium	3.7	(3.5 - 5.0)
	Chloride	H 110	(95 - 108)
	Bicarbonate	L 22	(24 - 32)
	Glucose Level	94	(86 - 110)
	Blood Urea Nitrogen	7	(0 - 20)
	Creatinine	0.4	(0 - 1.7)
	Calcium	8.5	(8.5 - 10.5)
	Phencyclidine	NEGATIVE	(NEG - )
	Benzodiazepines	A POSITIVE	(NEG - )
	Cocaine	NEGATIVE	(NEG - )
	Amphetamines	NEGATIVE	(NEG - )
	Tetrahydrocannabinol	NEGATIVE	(NEG - )
	Opiates	NEGATIVE	(NEG - )
	Barbiturates	NEGATIVE	(NEG - )
	COMMNT	COMMNT	
	GFR (non-African Amer, Estimate*) >60		(>69 - )
	GFR (African American, Estimate*) >60		(>69 - )
	Urine Color	YELLOW	
	Urine Turbidity	CLEAR	
	Urine Specific Gravity	1.016	(1.005 - 1.03)
	Urine pH	6.5	(6.0 - 7.0)
	Urine Protein Screen	NEGATIVE	(NEG/TRACE - )
	Urine Glucose	NEGATIVE	(NEG - )
	Urine Ketones	NEGATIVE	(NEG - )
	Urine Bilirubin	NEGATIVE	(NEG - )
	Urine Blood	NEGATIVE	(NEG - )
	Urine Nitrates	NEGATIVE	(NEG - )

Patient: HAHN, ELOISE  
MRN: 000102514601

## Flowsheet Print Request

Date Range: 1/1/2007 0:00 - 7/6/2007 23:59

Printed by: Zapain-Adams, Imelda  
Printed on: 7/6/2007 0:37

Urine Leukocyte Esterase	NEGATIVE	(NEG - )
Urine Urobilinogen	0.2	(0.1 - 1.0)
Urine Microscopic Exam	MICROSCOPIC NOT INDICATED	
Acetaminophen Level	<9.0	
Acetaminophen, Comment	THERAPEUTIC RANGE: 10-25 UG/ML	
Salicylate	<4.0	
Salicylate, Comment	THERAPEUTIC RANGE: 0-25 MG/DL	

7 21:47 3129264846

NORTHWESTERN RADILOGY

PAGE 82



**DEPARTMENT OF RADIOLOGY**  
**REREAD FORM**

**1. Patient Information**

Last Name Barker First Name Thor  
 MRN 102-27-4601 Gender Male

**2. Study Information**

Exam(s) CT Chest 2053 Date 5/22/07

**3. Summary of Preliminary Report**

No findings

**4. Changes of Preliminary Report**

Please Print Legibly

QUESTION INFILTRATE VS ATTECTASIS &  
PROMINENT VESSELS LLL (CALLED 6-338  
PATIENT IN ER)

Recommendation SUGGEST PA & LAT. CHEST

Attending Signature John D. P. Date 5/22/07

Attending Name (Print) EDWARD MANN Time 8:24 AM

**5. Disposition**

Call operator services at 6-3338 to determine patient location and obtain unit phone number. If patient was admitted, contact the physician caring for the patient, add an exam note to PACS, and document the communication in the final report.

**6. If Patient Discharged**

If the patient was discharged from the emergency department, notify the charge nurse, add an exam note to PACS, complete this form and fax to the emergency department at 6-1967.

Notify the charge nurse for ALL CASES at 6-9743 and document in the final radiology report.

EMERGENT

Date 5/22/07 Time 8:20 AM

Person Notified G. LUKA TARDIO RD

For Emergency Department Use Only

Charge Nurse

ED Physician Name Farley

Date 5/25/07

Recommendation Follow up for patient may return to ED or contact

Primary care physician for follow up

Patient contacted by:  Phone Date 5/28/07 Time 10:00 AM AM PM Other(explain) None

Certified letter sent. Date 5/28/07

The primary care physician has been contacted. Physician Name None

Outcome: 5/25 Primary care pt 5/28 pt did not return to call  
mailbox is full letter sent

Signature L. STANFIELD Name (print) L. STANFIELD Date 5/28/07

Follow up complete. Fax to Inpatient Radiology at 6-4968.

4735

Date: May 28, 2007

Medical Record Number: 102514601  
Account Number: 92502657

Ms. Eloise Hahn  
1631 S. Clarence Av.  
Berwyn, IL  
60402

Dear Ms. Hahn,

You were seen in the Emergency Department on May 22, 2007. At that time, you had x-rays taken of your chest. We have been unable to reach you by phone to inform you of the official result. The x-rays show a questionable infiltrate vs. prominent vessels left lower lobe of your lung. You should have another chest xray to further evaluate these findings. Please follow-up for further evaluation with your physician. If you need assistance with finding a physician, please call our Physician Referral Service at 312.926.8400. If you have any further questions, please call the charge nurse at 312.926.5188.

Sincerely,

L. Stansfield RN  
Patient Care Coordinator  
312.926.0981

HAHN, ELOISE

ID: 000102514601

22-May-2007 19:57:53

NORTHWESTERN MEMORIAL HOSPITAL

47 years  
Female

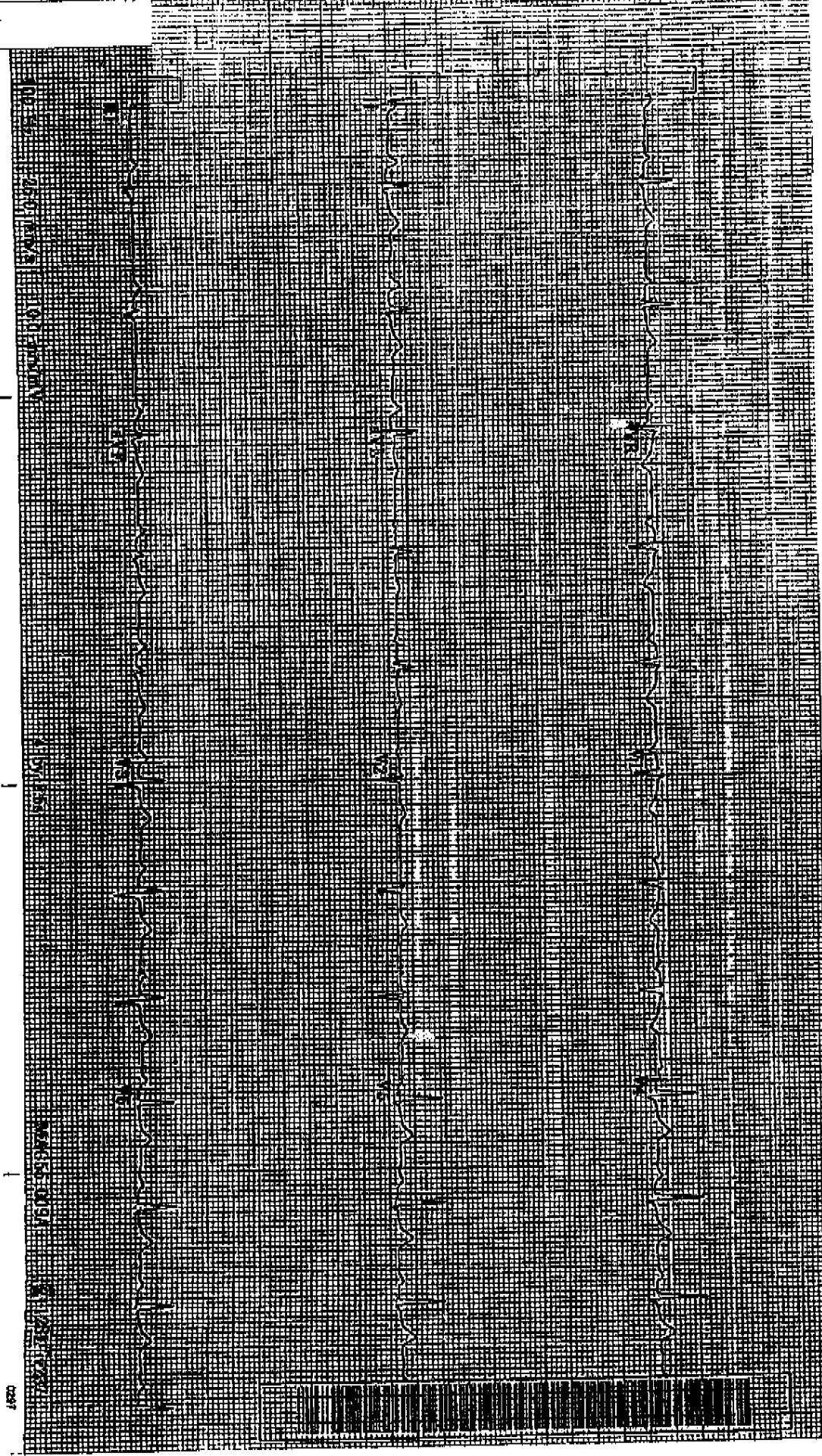
Heart rate 70 bpm  
PR interval 196 ms  
QRS duration 98 ms  
QT/QTc 424/457 ms  
P-R-T axes 67 22 46

Normal sinus rhythm  
Normal ECG

Technician: 3866  
Test id: RHYTHM EVAL

Referred by: ED

Unconfirmed



Hahn, Eloise

ID: 000102514601

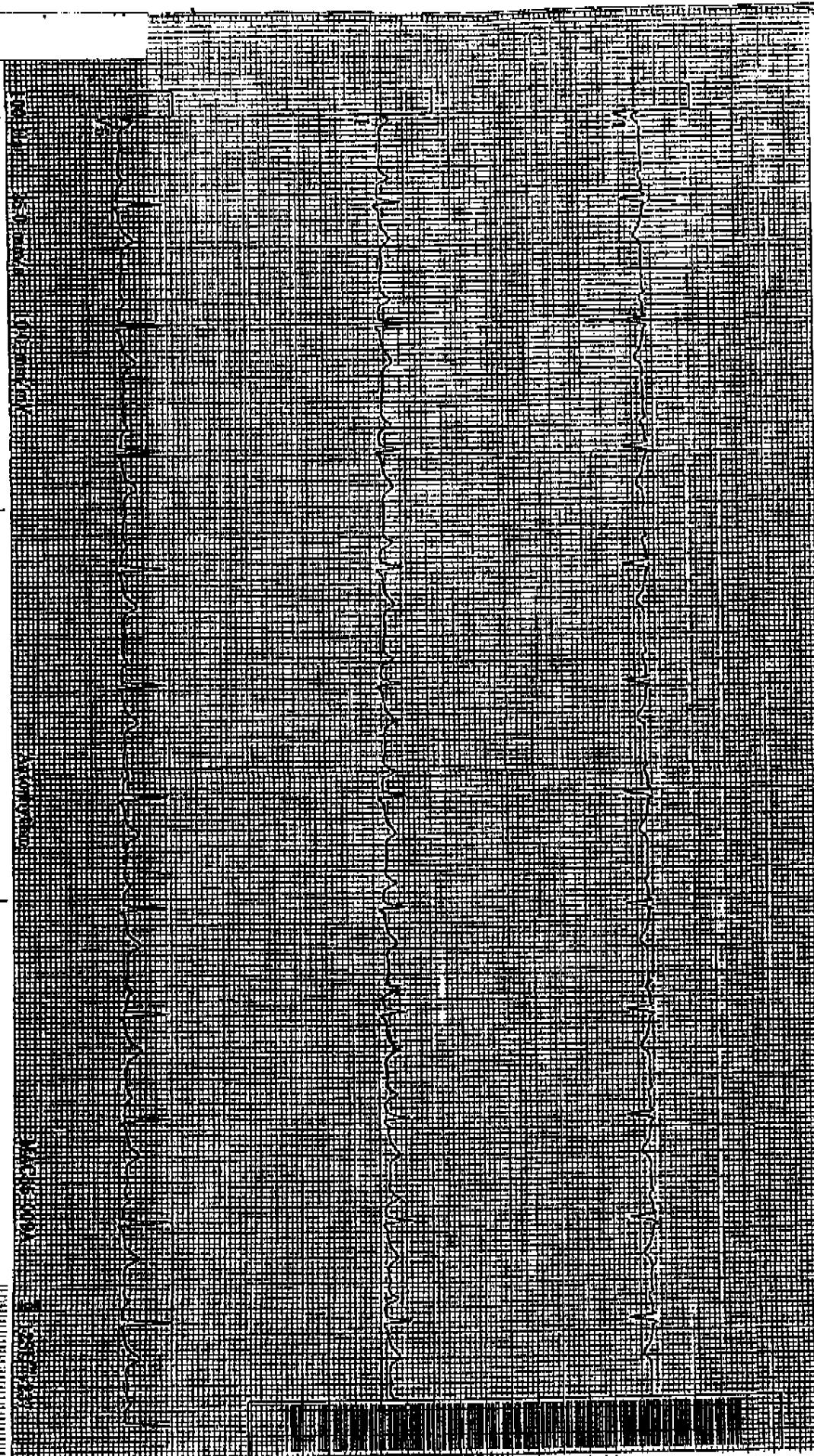
22-May-2007 19:27:53

NORTHWESTERN MEMORIAL HOSPITAL

47 years  
FemaleVent. rate 70 bpm  
PR interval 196 ms  
QRS duration 98 ms  
QT/QTc 424/437 ms  
P-R-T axes 67 22 46  
Loc 50  
Room RHY1  
Loc 50  
Opt 9Technician: 3866  
Test ind: RHYTHM EVAL

Referred by: ED

Unconfirmed



**Northwestern Memorial®**  
Hospital  
Chicago, IL 60611

**EMERGENCY DEPARTMENT RESTRAINT FLOWSHEET**

K	Initials = Care given/Observation made
R	= Patient Refused
V	= Refer to Nursing Notes
A=Alert/Cooperative	
S=Sleeping	++ = Intact
T=Resisted	+- = Impaired
C=Combative	-- = Absent

- A Confusion
- B Agitation
- C Prevention of Harm
- D Prevent tube-line removal
- E Violent/Aggressive Behavior
- F Other

Date: 5/22/07

HAHN, ELOISE

02/10/1960

47 F

000102514601

Emergency-Room, Dept  
000092502657 05/22/2007

Observe Behav  
Health q15 min,  
Med/Burg q 1 hr

Every Hour By RN

Every 2 Hours while awake

PRN

All Caregivers

Time	LOC	CMS	Reassess	Yes	D/C	If Conf'd Code	Fluids Toilet	Location	ROM	Food	Initials	Full Signature/Initials
1220 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1245 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1255 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1300 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1315 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1330 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1345 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1400 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1415 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1430 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1445 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1500 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1515 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1530 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1545 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1600 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1615 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1630 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1645 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1700 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1715 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1730 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1745 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1800 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1815 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1830 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1845 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1900 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1915 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1930 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
1945 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
2000 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
2015 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
2030 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
2045 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
2100 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		
2115 E			+	Yes	Yes	D/c'd	E	Locked x 4 Mitten RH LH Splint RA LA Vest Soft RA LA RL LL	+	N/A		

Observe Behav  
Health q15 min,  
Med/Burg q 1 hr

If Behavioral Health, check need for New Order:  
Adult 18 and over: Not to exceed 4 hours  
Children/Adolescent 9 to 17: Not to exceed 2 hours  
Children under 9: Not to exceed 1 hour

Observe Behav  
Health q15 min,  
Med/Burg q 1 hr

If Behavioral Health, check need for New Order:  
Adult 18 and over: Not to exceed 4 hours  
Children/Adolescent 9 to 17: Not to exceed 2 hours  
Children under 9: Not to exceed 1 hour

Observe Behav  
Health q15 min,  
Med/Burg q 1 hr

If Behavioral Health, check need for New Order:  
Adult 18 and over: Not to exceed 4 hours  
Children/Adolescent 9 to 17: Not to exceed 2 hours  
Children under 9: Not to exceed 1 hour

Date/Time Restraints Removed: \_\_\_\_\_ By Whom: \_\_\_\_\_

Was patient evaluated by Psychiatry:  Yes  No  Disposition:  Discharged  Admitted  Transferred to: \_\_\_\_\_

420360 (01/03)

BEHAVIORAL HEALTH  
RESTRAINT UTILIZATION ORDERIMPRINT EACH SECTION BEFORE  
PLACING IN PATIENT CHARTDate: 5/22/07  
Events leading up to need for restraints: See Nurses Notes \_\_\_\_\_

## I. REASONS FOR RESTRAINTS:

\*Can be a combination of reasons. To initiate behavioral restraints, patient must exhibit violent/aggressive behavior

A. Confusion  
 B. Agitation  
 C. Prevention of harm to self/others  
 D. Prevention of removal of tubes/lines  
 E. Violent/Aggressive Behavior  
 F. Other \_\_\_\_\_

## II. ALTERNATIVES TO RESTRAINTS CONSIDERED/ATTEMPTED:

A. Reorientation to environment and/or plan of care  
 B. Positioning/ambulation  
 C. Staff or family supervision  
 D. Medication/pain management  
 E. Disguise/cover tubes/lines/drains  
 F. Other \_\_\_\_\_

Patient was Appropriately:

Searched  
 Undressed/Gowned

Belongings are:

With security  
 Bagged and labeled  
 Enclosed in Valuables envelope on unit

(4 envelopes)

Signature of Nurse/

Physician Evaluating Patient \_\_\_\_\_

## TYPE OF RESTRAINT (Check All That Apply):

E. Locked limb restraints x 4  
 F. Other \_\_\_\_\_

Will patient be recipient of psychiatric services? If yes, Psychiatry notified.  Yes  No

- Provided patient with copy of Notice Regarding Restricted Rights of Individuals IL462-2004
- The Restraint does not pose undue risk to the patient's health in light of his/her physical and medical health.

Initiate \_\_\_\_\_ MD only

If either wants to be contacted prior to removal of restraints, please indicate:  Attending  Housestaff

## Continuous 1:1 observation required.

Time Limits: Adult 18 and over - Not to exceed 4 hours

Children/Adolescents 9 to 18 - Not to exceed 2 hours

Children under 9 - Not to exceed 1 hour

Order effective from 5/22/07 am/pm To 5/22/07 2130 am/pm (Refer to Time Limit)Physician Signature: \_\_\_\_\_ Pager Number: 3870

Order effective from \_\_\_\_\_ am/pm To \_\_\_\_\_ am/pm (Refer to Time Limit)

Physician Signature: \_\_\_\_\_ Pager Number: \_\_\_\_\_

Order effective from \_\_\_\_\_ am/pm To \_\_\_\_\_ am/pm (Refer to Time Limit)

Physician Signature: \_\_\_\_\_ Pager Number: \_\_\_\_\_

420380 Becker (01/03)



**Name:** HAHN, ELOISE  
**DOB:** 3/7/1954  
**Age/Sex:** 53 years/Female  
**Loc:** Emergency Department 0007 14  
**Admitting Date:** 5/22/2007

**MRN:** 000102514601  
**Acct:** 000092502657  
**DOS:** 5/22/2007  
**Admitting MD:** Emergency-Room, Dept  
**Attending MD:** Emergency-Room, Dept  
**Discharge Date:**

**P F S C H A R T F O R M A T**

Procedure Units	Residential Arrangement - Psych	Household Composition - PSYCH	Race - PSYCH
5/22/2007 9:35:00 PM	See Below	See Below	See Below
5/22/2007 9:35:00 PM Residential Arrangement - Psych 22 - Private residence, client is unsupervised, considered to be independent			
5/22/2007 9:35:00 PM Household Composition - PSYCH 20 - Lives with one or more relatives (biological, step or adopted)			
5/22/2007 9:35:00 PM Race - PSYCH 10 - White (origins in any of the original peoples of Europe)			
Procedure Units	Hispanic Origin - PSYCH	Citizenship - PSYCH	Military Status - PSYCH
5/22/2007 9:35:00 PM	00 - Not of Hispanic Origin	Yes	None
Procedure Units	Education Level - PSYCH	Employment - PSYCH	Primary Language - PSYCH
5/22/2007 9:35:00 PM	50 - College Bachelor's degree	See Below	10 - English
5/22/2007 9:35:00 PM Employment - PSYCH 30 - Not in the labor force (retired, homemaker, student, etc.)			
Procedure Units	Interpreter Services - PSYCH		
5/22/2007 9:35:00 PM	0 - Services not needed		



HAHN, ELOISE  
02/10/1980 47 F  
000102514601  
Emergency-Room, Dept  
000092502657 05/22/2007

Psychiatry Emergency Department – 1546

**Initial ED Crisis Evaluation  
Charge Code Indicator**

Patient Name: Eloise Hahn

Date: 5/22/07

Check Correct Charge Code Below:

*KED/15*

- 1546-50000 ED Crisis Eval – LP (licensed provider)
- 1546-99999 ED Crisis Eval – NLP (non-licensed provider)



Stone Institute of Psychiatry  
Outpatient Services

HAHN, ELOISE  
02/10/1960 47 F  
000102514601  
Emergency-Room, Dept  
000092502657 05/22/2007

### RIGHTS OF CLIENTS

*Participation in any Stone Institute of Psychiatry Outpatient Program does not remove or in any way diminish your rights and privileges as an individual. Chapter Two of the Mental Health and Developmental Disabilities Code and the Illinois Confidentiality Act describe specific rights of consumers of mental health services. Copies of these documents are available at the Institute of Psychiatry. You may also obtain one on your own by writing to the Illinois Department of Mental Health and Developmental Disabilities, 402 Stratton Office Building, Springfield, IL 62706. There may be a nominal charge.*

- 1) You have the right to impartial access to treatment regardless of race, religion, sex, ethnicity, age, or handicap.
- 2) You are entitled to adequate and humane care and services in the least restrictive environment, in accordance with an individual treatment plan that you participate in developing, reviewing, and revising.
- 3) Any unusual, hazardous, or experimental services require your written and informed consent.
- 4) Except in emergencies, no medical services will be provided to you without your informed consent.
- 5) All clients of the Stone Institute of Psychiatry shall be free from abuse and/or neglect and/or exploitation.
- 6) You have the right to request the opinion of a consultant at your expense or to request an in-house review of the individual treatment plan.
- 7) You have the right to inspect and copy your medical record if you are age twelve or older.
- 8) You have the right to expect that your communications - e.g. opinions, recommendations, and grievances - will be reviewed and responded to. Such communications should be conveyed first to your therapist. If you feel the issue has not been resolved satisfactorily, you may take the matter in writing to the Manager of the program in which you are receiving services or to the hospital's Patient Representative. If there is still no satisfactory response, the matter may be directed in writing to the Director of Outpatient Care, then to the Director of the Stone Institute of Psychiatry, and finally to the Chairman of the Department of Psychiatry.
- 9) You have the right to refuse services. You (or your guardian on your behalf) have the right to refuse services, including medication. If you refuse, you will not be given such services except when necessary to prevent you from causing serious harm to yourself or others. You will also be informed of alternate services available and the risks of such alternatives as well as the possible consequences to you of refusal of such services.
- 10) You will be advised in writing of the side effects of any psychotropic medication prescribed to you.
- 11) You have the right to expect that all measures will be taken to ensure the confidentiality mandated by the Mental Health and Developmental Disabilities Confidentiality Act and the Health Insurance Portability and Accountability Act of 1996. In limited circumstances, information about your treatment may be released without your permission, such as, to your therapist's supervisor or to your treatment team. These circumstances are defined in the Mental Health and Developmental Disabilities Confidentiality Act, which can be made available to you upon request.

- 12) Clients have the right to expect that all measures will be taken to ensure the confidentiality mandated by the federal alcohol and drug abuse confidentiality regulations (Federal Regulations 42 CFR pt.2 passed in July, 1987) as well as any applicable state laws.
- 13) Clients have a right to expect that information about their AIDS/HIV status will be kept confidential, as mandated by state regulations. Clients cannot be required to disclose this information as a condition of treatment. As a part of treatment, clients will be given AIDS/HIV risk reduction counseling and, if desired, a referral for anonymous HIV testing.
- 14) You have a right to legal counsel and other due process.
- 15) If your rights are restricted, the facility must notify:
  - a) your parent or guardian if you are under age eighteen,
  - b) you and the person of your choice,
  - c) the Guardianship and Mental Health Advocacy Commission if you say you want the commission to be contacted. The Commission's address and telephone number is:

160 North LaSalle, Suite S-500  
Chicago, IL 60601  
(312) 793-5900

- d) Equip for Equality if you say you want this organization to be contacted. Equip for Equality's address and telephone number is:

11 E. Adams, Suite 1200  
Chicago, IL 60603  
(312) 341-0022 or (800) 537-2632

- 16) You may not be denied services, or have services suspended, terminated, or reduced in any way for exercising any of your rights as an individual.
- 17) You have the right to contact the public payer

*I have read and understood these rights.*

*E. Clark*  
Signature of Client or Guardian

\_\_\_\_\_  
Date

Client refuses to sign Rights of Clients

I have explained the Client Rights to Elaine Hallen and  
 I believe s/he understood them.  
 I believe s/he did not understand them and will continue to try to explain them.

*Robert Barnes, RN*  
Staff Signature

\_\_\_\_\_  
Date

*5/22/07*  
Revised 10/03

NORTHWESTERN MEMORIAL HOSPITAL  
STONE INSTITUTE OF PSYCHIATRY  
Chicago, Illinois 60611

Rev. 03/07/01

## FINANCIAL INFORMATION

Patient Last Name: Hahn First Name: Elaine M.I.:

Social Security #: 322-46-4890 3/7/54

Name of Insured Person: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Name of Insurance Company: Blue Cross PPO

Managed Care Co. for Mental Health Benefits: \_\_\_\_\_ ( ) \_\_\_\_\_

Insured ID #/PA #: \_\_\_\_\_ Group #/PA Rec. #: \_\_\_\_\_

## AUTHORIZATION FOR CLINICAL SERVICE

Name of Contact Person: \_\_\_\_\_ ( ) - ext. \_\_\_\_\_

Date and Time of Precert: \_\_\_\_\_

Person to call with clinical information: \_\_\_\_\_ ( ) - ext. \_\_\_\_\_

If not called in specify reason: \_\_\_\_\_

Services Authorized: \_\_\_\_\_

Authorization #: \_\_\_\_\_

Inpatient Benefit: \_\_\_\_\_

Partial Hospital Benefit: \_\_\_\_\_

Outpatient Benefit: \_\_\_\_\_

PPO/Network Considerations: \_\_\_\_\_

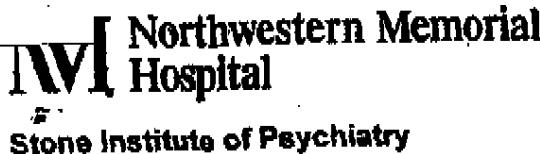
PA Spend Down: \_\_\_\_\_

SSI/SSDI: \_\_\_\_\_

Comments: does not have her insurance card

Follow up: \_\_\_\_\_

Completed by: \_\_\_\_\_



HAHN, ELOISE  
02/10/1960 47 F  
000102514601  
Emergency-Room, Dept  
000092502657 05/22/2007

### Psych ED Flow Sheet

Date: 5/22/07

Mode of Arrival: CPD

Time of Arrival: 1737 am/pm

Chief Complaint: Combat fatigue

Placed in ED bed: 1737 am/pm

Time of initial Psych contact: 2125 am/pm

Placed in Psych ED: 2135 am/pm

Security search completed: in ED am/pm

On standby in medical ED:  Yes  No

In restraints in medical ED:  Yes  No

If yes, are restraints continued?  Yes  No

Restraints applied in Psych ED?  Yes  No

#### Personal Belongings:

- Kept by patient
- Sharps separated, held by staff
- Sent home with family
- Valuables sent to registration
- Other:

MD order obtained/Restraint Flow Sheet initiated: \_\_\_\_\_ am/pm

Patient removed from restraints in the Psych ED: \_\_\_\_\_ am/pm

#### Disposition:

Admit to Stone Institute of Psychiatry

Unit: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

- Taken to unit in wheelchair by Patient Transportation with Security escort
- Taken to unit in restraints on gurney by Patient Transportation with Security escort
- ID band on wrist
- Other: \_\_\_\_\_

Transfer to another psychiatric hospital: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

- Physician certificate for transfer completed
- Certificate and Petition completed, copied and placed in medical record
- ID band on wrist
- Patient transported via ambulance in restraints
- Patient transported via ambulance without restraints

#### Reason:

<input type="checkbox"/> No Funding	<input type="checkbox"/> Patient MD Request
<input type="checkbox"/> No Bed	<input type="checkbox"/> No Bed
<input type="checkbox"/> Out of Network Funding	<input type="checkbox"/> Other: _____

Discharge

MD Notified of Discharge

Stable for Discharge 2315

Other Disposition in Stone Institute

- OTC  Rehab
- EHP  Union House  Carter House

Comments (appointment date and time): \_\_\_\_\_

Other: \_\_\_\_\_

Signature: Andrea Williams RN

Date: 5/22/07

Revised 7/31/06 b



## **Stone Institute of Psychiatry**

Gloise  
Holen

**Event Log (include mental status changes, food and fluid intake, toileting, medication given, unusual circumstances, restraint information, external/collateral contacts, "seen by", etc. as they happen)**

**Northwestern Memorial**  
**Hospital**  
 Chicago Illinois 60611

**EMERGENCY NURSING FLOW SHEET - Page 1**

Triage	Date:	Name:
Time:		
CC:	Complaints	
DOB:	Age:	PMD:
		□ M <input checked="" type="checkbox"/> F

Arrival:	<input type="checkbox"/> Ambulatory <input type="checkbox"/> WC <input type="checkbox"/> Stretcher <input type="checkbox"/> CFD	EDC:	Beat	172	Star #	16074	Name	Elmira
Prehospital Interventions:	<input type="checkbox"/> Spinal Immobilization	IV Fluids/Meds:	Chemotherapy					
Last Td:	Peds Immunizations UTD	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Info Provided	LMP:	EDC:	G	I/P		
<input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Interpreter Called	Language, if not English:		Wt:	Kg / lb.				

<b>TRIAGE NOTE</b>	1. <i>131 was brought in per CPD</i>	2. <i>It was transported in ambulance</i>	3. <i>It was per CPD request</i>	4. <i>It is feeling fearful, anxious, uncooperative</i>	5. <i>It was transported in ambulance</i>	6. <i>It was per CPD request</i>	7. <i>It is feeling fearful, anxious, uncooperative</i>	8. <i>It was transported in ambulance</i>	9. <i>It was per CPD request</i>	10. <i>It is feeling fearful, anxious, uncooperative</i>
	<b>ALLERGIES</b>									

Triage Nurse Signature:	131	Triage Category: <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Upgrade Cat: _____ Time: _____
-------------------------	-----	--	--------------------------------

Time: 131	T	HR	RR	BP	Rhythm	Pulse On C <sub>2</sub>	Pain 0/10	Time	IV Catheter Site, Solution	Rate

INTERVENTIONS: <input type="checkbox"/> ICE <input type="checkbox"/> ELEVATION <input type="checkbox"/> SLING <input type="checkbox"/> MEDS	<input type="checkbox"/> UHCG POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> CONTROLS VERIFIED	<input type="checkbox"/> MASK APPLIED
<input type="checkbox"/> VISUAL ACUITY: OD (R) OS (L)		WITH (WITHOUT) CORRECTION
<input type="checkbox"/> SECURITY STANDBY TIME: 131		TIME PLACED: Dr. [Signature] RM # [Signature]

**MEDICATIONS**

Name	Dose	Route	Frequency	Name	Dose	Route	Frequency
glycogen				seroquel			
off - pal				lasix			
2000				trypic			
metformin				5/levastatin			
valium				D. azepam			
metformin							

**PHYSICIAN REFERRAL NOTE**

PATIENT'S NAME: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Vital Signs: \_\_\_\_\_

Triage Information: \_\_\_\_\_

ER PHYSICIAN TO NOTIFY \_\_\_\_\_ PAGER / PHONE NO. \_\_\_\_\_

 Estimated time of arrival (ETA) \_\_\_\_\_

404640

Person taking note: \_\_\_\_\_

404640 3/07

**MEDICAL RECORDS**



Chicago Illinois 60611

**EMERGENCY NURSING FLOW SHEET - Page**

## **NURSING DOCUMENTATION**

Assess  $\rightarrow$  ✓ = No Change

= Changed / See Nursing Narrative

HAHN, ELOISE

02/10/1997

15

1

000102514601

880823-1001

Emergency-Room, Dept  
000002500053

00092502857

05/22/2007

Transferred/  
Admit To: \_\_\_\_\_ Time: \_\_\_\_\_

TBN     MD     On Monitor

Report  
Called To: \_\_\_\_\_ By: \_\_\_\_\_

**Belongings:**  Bagged & Labeled  Kept by Patient  Sent Home w/Family

Patient understands discharge instructions as evidenced by:

<input type="checkbox"/> Stating essential concepts	<input type="checkbox"/> Performs with physical assistance
<input type="checkbox"/> Performs independently	<input type="checkbox"/> States or performs with verbal cues
<input type="checkbox"/> Offered and refused	<input type="checkbox"/> No evidence of learning

Follow-up:  Teaching complete  Family instructed

Follow-up:  Receiving complete  Only instructed  
 Recommended further teaching by primary MD  
 Patient transferred to supportive care facility  
 DC Instructions given/Verbalized understanding

420552

## Northwestern Memorial Hospital

Chicago, Illinois 60611

**EMERGENCY DEPARTMENT  
PHYSICIAN MEDICAL RECORD**

Page 1

1000

HAHN, ELOISE

02/10/1960 47

000102514601

**Emergency-Room, Dept**

Page 9 of 9

PATIENT NAME (LAST, FIRST, MIDDLE)		BIRTHDATE	SEX	DATE REQUESTED	ATTENDING PHYSICIAN CONFIRMATION OF COMPLAINTS WITH THE FOLLOWING KEY ELEMENTS, REVISIONS AND CLARIFICATIONS:
1913 MD TIME PMD					
<p>CC/HX: 47 yrs of brilliant in firm work in group for human resources and speech path in telecenter. Shouting, belligerent. Pt has 4 ITA bid on surgical &amp; dental pain. Denies ST, HT or Osteo. Visual pt showing "my bones are broken" they are not and no "crack" in</p> <p>PATIENT PAST MEDICAL RECORD REVIEWED</p> <p>Psychosis</p> <p>DM</p> <p>metformin</p> <p>Glucophage</p>					<p>Pt seen and examined. Type I consistent with Osteo - no deforming, the place.</p> <p>Pt denies taking falls. Denies HT, DM. No bone are not broken.</p> <p>DR. HL, 74 Holog</p>
ALLERGIES Y/N/DA		MEDS		DR/PHN REVIEWED AND CONFIRMED	
REACTION					
FAMILY HX: Denies					
SOC HX: ALCOHOL TOBACCO		□ OTHER		PH/PH REVIEWED AND CONFIRMED	
□ PATIENT UNABLE TO PROVIDE OUE ID					
NEG		NEG		PREG FINDINGS CONFIRMED	
<input checked="" type="checkbox"/> EYES <input checked="" type="checkbox"/> ENT <input checked="" type="checkbox"/> OBGYN <input checked="" type="checkbox"/> RESP <input checked="" type="checkbox"/> GI <input checked="" type="checkbox"/> GU <input checked="" type="checkbox"/> NEURO		<input checked="" type="checkbox"/> ALLERGY/IMMUNO <input checked="" type="checkbox"/> NURSING <input checked="" type="checkbox"/> HEMALYMPH <input checked="" type="checkbox"/> ENDOC <input checked="" type="checkbox"/> DIET <input checked="" type="checkbox"/> PEDIATRIC <input checked="" type="checkbox"/> OTHER			
NEG TEMP 98.2 PULSE 85 RR 12 BP 120/78 SAT 97%				PHYSICAL EXAM FINDINGS CONFIRMED	
<input checked="" type="checkbox"/> GEN <input checked="" type="checkbox"/> EYES <input checked="" type="checkbox"/> HEART <input checked="" type="checkbox"/> THYR <input checked="" type="checkbox"/> SPINE <input checked="" type="checkbox"/> PULM <input checked="" type="checkbox"/> CV <input checked="" type="checkbox"/> ABD		<input checked="" type="checkbox"/> GEN <input checked="" type="checkbox"/> EYES <input checked="" type="checkbox"/> HEART <input checked="" type="checkbox"/> THYR <input checked="" type="checkbox"/> SPINE <input checked="" type="checkbox"/> PULM <input checked="" type="checkbox"/> CV <input checked="" type="checkbox"/> ABD			
<input checked="" type="checkbox"/> RECTAL <input checked="" type="checkbox"/> GU/GYN <input checked="" type="checkbox"/> EXTR <input checked="" type="checkbox"/> NEURO		<input checked="" type="checkbox"/> GEN <input checked="" type="checkbox"/> EYES <input checked="" type="checkbox"/> HEART <input checked="" type="checkbox"/> THYR <input checked="" type="checkbox"/> SPINE <input checked="" type="checkbox"/> PULM <input checked="" type="checkbox"/> CV <input checked="" type="checkbox"/> ABD			
CR. N					
MOTOR 3/3/4/4/4					
SENS 1/1/1/1/1					
REFL					
CEREB					
<input checked="" type="checkbox"/> PSYCH psychotia, belligerent, delusional <input checked="" type="checkbox"/> SKIN <input checked="" type="checkbox"/> LYMPH		<input checked="" type="checkbox"/> PSY <input checked="" type="checkbox"/> SKIN <input checked="" type="checkbox"/> LYMPH			

## Northwestern Memorial Hospital

Chicago, Illinois 60611

**EMERGENCY DEPARTMENT PHYSICIAN MEDICAL RECORD**  
**ASSESSMENT / RX / DISP**

Page 2

1

HAHN, ELOISE

02/10/1980 47

8

000102514601

## Emergency-Room Dept

Entered by Room, Supt.

P-2230-mp1

中華書局影印



EMERGENCY NURSING FLOW SHEET - Page 2

HAHN, ELOISE  
02/10/1960 47 F  
000102514601  
Emergency-Room, Dept  
000092502657 05/22/2007

Time	Nursing Narrative																																																																																																																																																																																																																																																
<p><b>PRIMARY NURSE ASSESSMENT</b></p> <table border="1"> <tr> <td colspan="2">Patient</td> <td colspan="9">Assessment</td> </tr> <tr> <td colspan="2"> <input checked="" type="checkbox"/> WNL  <input type="checkbox"/> Obstructed      <input type="checkbox"/> Stridor         </td> <td colspan="9">           Alert: <input checked="" type="checkbox"/> X 3, MAE's X 4      <input checked="" type="checkbox"/> WNL  <input type="checkbox"/> Disoriented To _____            Responds to: <input type="checkbox"/> Verbal      <input type="checkbox"/> Pain      <input type="checkbox"/> Unresponsive         </td> </tr> <tr> <td colspan="2">Unlabored      <input checked="" type="checkbox"/> WNL</td> <td colspan="9">Breath Sounds</td> </tr> <tr> <td colspan="2"></td> <td colspan="9">           L      R  <input type="checkbox"/> Rales      <input type="checkbox"/> Rhonchi  <input type="checkbox"/> Wheeze      <input type="checkbox"/> Diminished  <input type="checkbox"/> Absent         </td> </tr> <tr> <td colspan="2">Labored      <input type="checkbox"/></td> <td colspan="9">           RUE      LUE      RLE      LRE  <input type="checkbox"/> Pain      <input type="checkbox"/> Pallor  <input type="checkbox"/> Parasthesia      <input type="checkbox"/> Deformity  <input type="checkbox"/> Swelling         </td> </tr> <tr> <td colspan="2">Acc. 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Refill &gt;2 Sec.  <input type="checkbox"/> Mottled  <input type="checkbox"/> Ashen  <input type="checkbox"/> Edema 4+ 3+ 2+ 1+            Site: _____         </td> <td colspan="9">           Cyanotic      Cool      Pale      Flushed            Soft, non-tender, BS present      <input type="checkbox"/> WNL      <input type="checkbox"/> NA  <input type="checkbox"/> Hypoactive      <input type="checkbox"/> Hypoactive      <input type="checkbox"/> Absent            Pain Location: <input type="checkbox"/> Head      <input type="checkbox"/> Chest      <input type="checkbox"/> Abdomen  <input type="checkbox"/> Distended      <input type="checkbox"/> Dysturia  <input type="checkbox"/> Frequency      <input type="checkbox"/> Hematuria  <input type="checkbox"/> Veg Bleeding      <input type="checkbox"/> Vag discharge            FHT: _____         </td> </tr> <tr> <td>Time</td> <td>T</td> <td>HR</td> <td>RR</td> <td>BP</td> <td>Rhythm</td> <td>Pulse Ox</td> <td>SpO<sub>2</sub></td> <td>Pain</td> <td>0/10</td> <td></td> </tr> <tr> <td></td> </tr> <tr> <td>Time</td> <td colspan="10">Focused assessment</td> </tr> <tr> <td colspan="11">           F/T/S A brought by (PD due to pt being aggressive and uncooperative. 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Current Diet:		LEARNING ASSESSMENT																																																																																																																																																																																																																																															
Last meal: _____		Patient unable to learn due to: <input type="checkbox"/> Physical limitations <input type="checkbox"/> Pain/discomfort <input type="checkbox"/> Cognitive limitations <input type="checkbox"/> Decline/motivation <input type="checkbox"/> Religious/cultural practices <input type="checkbox"/> Emotional barriers																																																																																																																																																																																																																																															
Unplanned weight loss in the last 6 months: _____																																																																																																																																																																																																																																																	
If yes, how much: _____																																																																																																																																																																																																																																																	
A recent problem chewing/swallowing: _____																																																																																																																																																																																																																																																	
Transfer/Admit To: _____      Time: _____ <input type="checkbox"/> RN <input type="checkbox"/> MD <input type="checkbox"/> On Monitor																																																																																																																																																																																																																																																	
Report Called To: _____      By: _____ Patient understands discharge instructions as evidenced by: <input type="checkbox"/> Stating essential concepts <input type="checkbox"/> Performs with physical assistance <input type="checkbox"/> Performs independently <input type="checkbox"/> States or performs with verbal cues <input type="checkbox"/> Offered and refused <input type="checkbox"/> No evidence of learning Follow-up: <input type="checkbox"/> Teaching complete <input type="checkbox"/> Family Instructed <input type="checkbox"/> Recommended further teaching by primary MD <input type="checkbox"/> Patient transferred to supportive care facility <input type="checkbox"/> DC (Instructions given/Verbalized understanding)																																																																																																																																																																																																																																																	

**Northwestern Memorial<sup>®</sup>**  
Hospital  
Chicago Illinois 60611

EMERGENCY NURSING FLOW SHEET - Page 3

## NURSING DOCUMENTATION

Assess = ✓ = No Change

\* = Changed / See Nursing Narrative

HAHN, ELOISE

02/10/1960 47

F

000102514601

Emergency-Room, Dept

000092502657

05/22/2007



Time	T	HR	RR	BP	Rhythm	Pulse Ox <sub>2</sub>	Pain 0 - 10	Assess	MedS	Nursing Narrative
1800										Hal do I Sire MWT Attivan 2mg b/wt
1857	1857	21	20	112	bg	96	0/10			PT still threatening to sic everyone around her claiming we are trying to kill her. Daughter attempted to be reached over the phone - unsuccessfully. LM on answering machine. PT given water. PT sleeping comfortably. Daughter contacted, will come to NMH 20 min ago. b/wt Analog 10 tablets locked in safe.
1915										PT straight out for urine sample -
2000										Negative urine pregnancy test - control
1933										Front sum. Nalys - VP

Time	IV Catheter Site	Solution	Rate	Intake	Output	
	Site	IV	Rate	Urine	Other	

Transferred/ Admit To: \_\_\_\_\_ Time: \_\_\_\_\_

 RN  MD  On Monitor

Report Called To: \_\_\_\_\_ By: \_\_\_\_\_

Belongings:  Bagged & Labeled  Kept by Patient  Sent Home w/Family

Patient understands discharge instructions as evidenced by:

Stating essential concepts  Performs with physical assistance  
 Performs independently  States or performs with verbal cues  
 Offered and refused  No evidence of learning

Follow-up:  Teaching complete  Family Instructed Recommended further teaching by primary MD Patient transferred to supportive care facility DC Instructions given/Verbalized understanding

# Northwestern Memorial Hospital

## Emergency Department Discharge Instructions

Diagnosis: Adjustment disorder with  
anxious mood

Treating Physician(s): Dr. Anna Costello

HARN, ELOISE  
0210960 047  
000102514601  
ER EMERGENCY ROOM 00975  
020092502657 052207

1. Tests and Treatments given in the Emergency Department: Holdal, 5mg IM, Ativan 2

- Always call your doctor to inform him/her of your Emergency Department visit and for further instructions.
- Call the NMH Physician referral at 312-926-8400 to arrange for further evaluation.

Follow up with: Employee Assistance Program

Department: Employee Assistance Program

When: 1/12/07

Prescriptions given: none

Instructions: Please follow up with your Employee Assistance Program and your physician as directed. Please call 911 or 926-8400 to physician if you have any thoughts of hurting yourself or anyone else. Crisis line: 312-926-8100.

Return to the Emergency Department (ED) if you have any thoughts of hurting yourself or anyone else.

May return to work/school in 1 days.

Continue all home medications as directed:  Yes  No

Change in home medication(s) as follows: none

- Do not drive if you have pain, weakness, lightheadedness, dizziness or have had a seizure.
- You may have been given medicine which makes you drowsy or impairs your judgment. Do not drive.

IN THE EVENT OF AN EMERGENCY WE ALWAYS RECOMMEND THAT YOU HAVE A CURRENT LIST OF YOUR MEDICATIONS. PLEASE REVIEW ALL MEDICATIONS WITH YOUR PHYSICIAN AND PHARMACIST AS SOME MEDICATIONS MAY HAVE INTERACTIONS. ALWAYS TAKE MEDICATION AS DIRECTED AND ALWAYS BE AWARE OF POTENTIAL SIDE EFFECTS FROM THESE MEDICATIONS.

Additional Instructions/Information provided: none

To obtain a copy of your x-rays or CT scans, call the radiology department at 312-926-5100 to request them.

Full copies of your chart may be obtained through medical records: 312-926-3375

City of Chicago Domestic Violence Hotline: 1-877-863-8338

I hereby acknowledge receipt of the printed instructions as well as the verbal ones given to me by the ED staff. I understand my treatment was on an emergency basis and I will follow up as directed for complete medical care. Preliminary test results are provided in the ED. ED tests may be reviewed; you will be contacted with any additional recommendations. Cultures obtained in the ED take at least 72 hours to grow and you will be contacted for positive results.

PATIENT SIGNATURE: Eloise Hurd

DATE 5-22-07

DISCHARGE INSTRUCTIONS PROVIDED BY: Andrea MD



MIDWEST MEDICAL RECORD ASSOCIATION  
 999 PLAZA DRIVE  
 SUITE 690  
 SCHAUMBURG, IL 60173  
 (847)-413-9660  
 Tax ID No. 36-4125082

Quote

*Q-1-C-8*  
 QTRV  
 hSD

ELOISE HAHN  
 4631 SOUTH CLARENCE AVENUE  
 BERWYN, IL 60402

Patient: HAHN, ELOISE  
 Hospital: NORTHWESTERN MEMORIAL HOSPI

Quote Date: 07/09/2007  
 Request Date: 06/29/2007  
 Copied Date: 07/09/2007

Quote #: JB189668  
 Date Printed: 08/02/2007  
 Reference #:

Request #: 189668  
 Hospital Rep.: NMH

Service Rendered	Quantity	Amount
COPY CHARGE PAPER	32	25.49
COPY CHARGE FICHE	0	0.00
COPY CHARGE ELECTRONIC DOCUMENT	0	0.00
Actual Postage		1.65
Tax		0.00
Less: Amount Received	(	0.00)
Amount Due		27.14

*Pl4* *2549*

Terms: QUOTE

YOUR REQUEST HAS BEEN PROCESSED. PAYMENT IN ADVANCE IS REQUIRED BEFORE RECORDS WILL BE SENT.

TO PROPERLY CREDIT YOUR ACCOUNT, PLEASE INCLUDE THE REQUEST #: **JB189668** WITH YOUR PAYMENT TO ADDRESS LISTED AT TOP OF PAGE.  
 PLEASE MAKE CHECKS PAYABLE TO (MIDWEST MEDICAL RECORD ASSOCIATION)

\*JB189668Q\*

**PLEASE RETURN A COPY OF THIS INVOICE  
 WITH YOUR REMITTANCE**

Northwestern Memorial  
Hospital

189661

## AUTHORIZATION FOR RELEASE OF INFORMATION

Records to be released from:

Northwestern Memorial Hospital  
251 East Huron Street  
M-702  
Chicago, Illinois 60611-2908  
Phone: 312-926-3248  
Fax: 312-926-3093

Northwestern Memorial  
Physicians Group (NMPG)  
680 N Lake Shore Dr  
Suite 818  
Chicago, Illinois 60611-2908  
Phone: 312-926-3627

HOLD FOR PICK-UP

R  
1  
Rec'd  
GSR

Please mail authorization form to the appropriate address listed above

If records to be released are prior to 1974, please indicate hospital:

Passavant Memorial Hospital  
 Wesley Memorial Hospital

Print Patient's Name Eloise K. Hader

Address 1631 S. Elmhurst Rd City/State/Zip Berwyn, IL 60402

Date of Birth 03/07/54 Last 4 digits of SSN 4870 Phone 708-408-1266

I Eloise K. Hader hereby authorize Northwestern Memorial HealthCare

to release (written/oral/electronic) information to:

Agency/Facility/Person USCGA - ADA - Captain Lawrence, Not to be employed  
Address: 91 N. Jackson Blvd City/State/Zip Chicago, IL 60604

### INFORMATION TO BE RELEASED

<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Operative Reports	<input type="checkbox"/> Pathology Reports	<input type="checkbox"/> Radiology Reports
<input type="checkbox"/> Radiology Images*  *Please contact Radiology 312.926.5100 Or Mail to: Above address + Radiology Rm 4-712	<input type="checkbox"/> Slides**  **Please contact Pathology Department 312.926.3211	<input type="checkbox"/> Clinic/Office Record**  **Please contact your Physician's Office directly	<input type="checkbox"/> Psychological testing/assessment  ECG JUN 15 2007 BY:
<input type="checkbox"/> Treatment Planning Form	<input type="checkbox"/> Consultations	<input type="checkbox"/> Integrated Assessment	<input type="checkbox"/> Lab Reports

Record Abstract (History and Physical; Progress Notes, Lab, Radiology, Operative Report, Pathology Report, Consultation Report and other diagnostic tests)

Patient review of record

Other (Please specify)

Please send one copy to patient ~~and other physician~~

Concerning the care of the above patient from dates 5-22-07 to 5-22-07

(Please see other side)



This abstract **WILL** include sensitive information such as mental, substance abuse, or HIV/AIDS unless checked below. (Check all that apply)

Mental Health       Substance Abuse       HIV/AIDS       Other Emergency

These records are released for the purpose of (Check all that apply)

Continuity of Care       Attorney/client relationship       Insurance

At the request of the patient

Allow 5 - 10 Business Days To Honor Requests for Paper Records / Radiology Images on CD

Patient Copy Fees:

\$86 per page for 1 - 25 page(s)

\$57 per page for each additional page over 25 pages through 50 pages

\$29 per page for each additional page over 50 pages through 9,999 pages

\$1.43 per page for microfilmed pages

I understand that I have the right to inspect the disclosed information and may revoke this authorization at any time in writing except to the extent that records have already been released. In the event that written revocation of this consent is not made, this authorization will automatically expire in (6) months unless expiration date is otherwise amended. I understand that all radiology films will be returned to the hospital unless purchased as my own property.

Louise A. Hahn

6-11-07

Signature: Patient or Legally Authorized Patient Representative

Date of Signature

Self  
Relationship to Patient

Louise Hahn

6-11-07

Signature of Witness

Date of Signature

For Internal Use Only:

Date Copied:

By Whom:

The Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164, state that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient.

The Federal Confidentiality Rules 42 CFR Part 2 prohibit making any further disclosure of drug and alcohol information unless further disclosure of this information is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2.

Northwestern Memorial Hospital  
Medical Records/Correspondence  
Room M-702  
251 East Huron Street  
Chicago, Illinois 60611

188531  
Date: 6/15/2007

ELOISE MUHN  
1631 SOUTH CLARENCE AVENUE

BERWYN, IL 60402

ELOISE MUHN

Request Received: 6/15/2007

10251460  
5-22-07

329284

Dear Requestor:

This is to acknowledge receipt of your recent inquiry. The information is not available because:

- ( ) Your request lacks a valid authorization. It must be addressed to Northwestern Memorial Hospital; state the purpose of the request; be dated after the time of treatment; specify the type of records needed and from what date of service; indicate an expiration date, and be signed by the patient or a properly authorized and documented agent - including power of attorney papers, estate papers, court orders and death certificates; Industrial Commission subpoenas must include a check for \$20.00 PLUS mileage. We may also need a notarized patient signature. Please provide a letter of representation. An NMH authorization can be printed from [www.nmh.org](http://www.nmh.org).
- ( ) We are currently unable to locate these records. If records are still needed please re-submit request.
- ( ) After a diligent search, we find no record of treatment for this patient with the information you provided.
- ( ) We have no information for the date(s) of service you have requested.
- ( ) This patient is currently in-house and the charts are unavailable. Please re-request at a later date, with an updated authorization if necessary.
- ( ) The chart for this request contains sensitive information protected by Federal Regulations. Your request must: Specify the type of records needed (mental health, substance abuse, HIV/AIDS); be accompanied by the patient's signed authorization (mental health patients between 12-17 years old must sign for their own records, counter signed by a parent or therapist); or a court order signed by a judge.

(X) We are unable to identify the patient because of a lack of identifying information. Please provide the following:

Eloise Muhn  
3/7/54  
722-46-4890  
5-22-07

Patient name (please print)

Date of birth

Social security number

Date(s) of service/Date of Accident

- ( ) Northwestern Memorial Hospital does not maintain the records requested. Try contacting the outpatient department.

Sincerely,  
Release of Information 312-926-3248

RECEIVED  
JUN 29 2007

BY: \_\_\_\_\_

**SHELDON S. GREENBERG, M.D., S.C.**

2835 N. Sheffield Ave., Suite 210  
Chicago, IL 60657  
Telephone: (773) 561-3365  
Fax: (773) 890-2409  
Email: ssgreenbergmd@aol.com

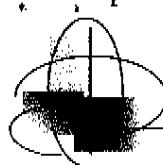
6-7-07

Re: Elsie Hahn DOB 3-7-54

The above patient is under my  
psychiatric care periodically since 2001  
Diagnosis Bipolar Affective mixed  
Her last date of employment was 5-29-07  
Because of an exacerbation of illness  
she is UNABLE TO WORK as of  
REASON TO WORK DATE  
5-29-07

is UNDETERMINED AT PRESENT

Sheldon S. Greenberg, M.D.  
Board Certified  
Psychiatry, Addiction &  
Substance



# MRI Lincoln Imaging Center

The Diagnostic Edge

Patient Name:

Eloise Hahn

Phone Number:

708-484-2169 H

Signs, Symptoms, Diagnosis:

ABNORMAL

INFILTRATE

Special Instructions:

**HEAD**

Brain  
 Brain/IAC's  
 Brain/Stem  
 Orbita  
 Pituitary  
 Posterior Foss  
 Sinuses

**MAGNETIC RESONANCE IMAGING/MRI****SPINE**

Cervical Spine  
 Thoracic Spine  
 Lumbar Spine

NECK  
 ABDOMEN  
 PELVIS

 KNEE

SHOULDER  
 HIP  
 ANKLE

LEFT  
 RIGHT  
 BOTH

**OTHER JOINT:** without contrast**OTHER EXTREMITY:** with and without contrast**MRI SCREENING**

Patient Pregnant  Yes  No  
 Metallic Implants  Yes  No  
 Cardiac Pacemaker  Yes  No  
 Aneurysm Clip in Brain  Yes  No  
 Shrapnel  Yes  No

**MRA/ANGIOGRAPHY**

Carotids  
 Circle of Willis  
 Aorta  
 Renal  
 Other \_\_\_\_\_

**CAT SCAN/SPIRAL**

Chest  Head  Cervical Spine  
 Abdomen  Orbita  Lumbar/Sacral Spine  Heart Scan  
 Pelvis  Sinuses  Thoracic Spine  (Coronary Artery Scoring)  
 Neck (Soft Tissue)  Mandible  Specify Level:  
 Other (Specify)  Maxilla  
 Temporal Bones

**CT SCREENING**

Patient Pregnant Y N  
 Allergic to Contrast Y N  
 Allergic to Seafood Y N  
 Kidney Problems Y N  
 Heart Problems Y N  
 High Blood Pressure Y N  
 Diabetes Y N  
 \*Bun/Creat results required before test

without contrast  
 with and without contrast

\*Please Read Special Indications on the back side

**OTHER TESTS**

QCT Bone Densitometry  
 Holter monitoring  
 Echocardiogram  
 Stress Echo  
 Ultrasound  
 X-RAY

EKG  
 EMG/NCV

**NUCLEAR MEDICINE**

Bone Scan  
 3-Phase Bone Scan  
 Lung Scan  
 Renal Scan  
 G.I. Scan  
 Thyroid Scan  
 Thyroid Scan and Uptake

Plain Treadmill  
 Stress Test  
 Thallium Tm/Myoview  
 Gallium Scan  
 Muga  
 Testicular  
 Parathyroid  
 Thyroid Therapy

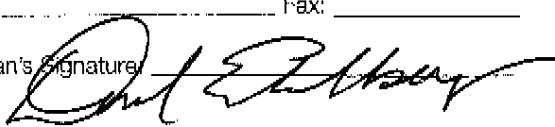
Please indicate area/procedure

Requested by Dr.: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Time: \_\_\_\_\_

Physician's Signature: 

Films Requested YES  
 Give Films to Patient YES  
 Deliver Films to the Doctor's Office YES

NO  
 NO  
 NO



Date: May 28, 2007

Medical Record Number: 102514601

Account Number: 92502657

Ms. Eloise Hahn  
1631 S. Clarence Av.  
Berwyn, IL  
60402

Dear Ms. Hahn,

You were seen in the Emergency Department on May 22, 2007.

At that time, you had x-rays taken of your chest.

We have been unable to reach you by phone to inform you of the official result. The x-rays show a questionable infiltrate vs. prominent vessels left lower lobe of your lung. You should have another chest xray to further evaluate these findings.

Please follow-up for further evaluation with your physician.

If you need assistance with finding a physician, please call our Physician Referral Service at 312.926.8400. If you have any further questions, please call the charge nurse at 312.926.5188.

Sincerely,

A handwritten signature in cursive script, appearing to read 'L. Stansfield RN'.

L. Stansfield RN  
Patient Care Coordinator  
312.926.0981

Entitled, "Nutritional Profile".  
We encourage you to review the following information to help you manage your health and prevent disease.

**Lab Tests Performed:**

**SpectraCell Nutritional Profile**

These results are normal and require no action on your part.

the daily;

Dr. B.

[www.nutribalancechicago.com](http://www.nutribalancechicago.com)

**PATIENT  
DUPLICAT****LABORATORY REPORT**

Account Number: 189377

David Edelberg, M.D.  
 2522 North Lincoln Avenue  
 Chicago, Illinois 60614-

Name: Eloise Hahn  
 Gender: Female Age: 53  
 Accession Number: G43656  
 Date of Collection: 06/11/2007  
 Date Received: 06/12/2007  
 Date Reported: 06/20/2007  
 Requisition Number: 551074

**Summary of Test Results**

FIA Comprehensive 5000 has determined the following functional deficiencies:

Vitamin B12

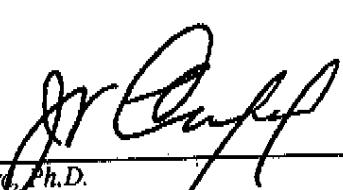
Folate

Vitamin D

Spectrox

SPECTROX™ Total Antioxidant Function:

Interpretation: Average Result: 30.6



John F. Crawford, Ph.D.  
 Laboratory Director

All tests performed at SpectraCell Laboratories, Inc. • 10401 Town Park Drive Houston, TX 77022 • Phone: 1-800-227-5227  
 CLIA#45D0710715

Requisition Number: 551074  
Eloise Hahn

SpectraCell Laboratories, Inc.  
Laboratory Test Report

## Repletion Suggestions

1. Vitamin B12 (Cobalamin) 100 mcg daily  
800 mcg daily
2. Folate
3. Vitamin D (Ergocalciferol) 10 mcg (400 I.U.) ergocalciferol or cholecalciferol per day for six months
4. Total Antioxidant Function Increase intake of foods rich in antioxidants such as fresh fruits and vegetables. If supplementation is desired, the following daily doses of nutrient antioxidants have been suggested as safe for long-term intake in humans by scientific research:

Vitamin C	1000 mg
Vitamin E	400 IU d-alpha-tocopherol
Selenium	100 mcg

*Please note: Supplementation is usually required for four to six months to effect the repletion of a functional deficiency in lymphocytes*

*Suggestions for supplementation with specific micronutrients must be evaluated and approved by the attending physician. This decision should be based upon the clinical condition of the patient and the evaluation of the effects of supplementation on current treatment and medication of the patient.*

Requisition Number: 551074  
Eloise HahnSpectraCell Laboratories, Inc.  
Laboratory Test Report

FIA™ Test Description	Test Control (% CONTROL)	Reference Range
<b><u>B Complex Vitamins</u></b>		
Vitamin B1 (Thiamin)	90.00	>79%
Vitamin B2 (Riboflavin)	66.00	>54%
Vitamin B3 (Niacinamide)	96.00	>81%
Vitamin B6 (Pyridoxine)	66.00	>55%
Vitamin B12 (Cobalamin)	13.00	>15%
Folate	32.00	>33%
Pantothenate	9.00	>8%
Biotin	89.00	>70%
<b><u>Amino Acids</u></b>		
Serine	37.00	>31%
Glutamine	100.00	>75%
Asparagine	119.00	<122%
<b><u>Metabolites</u></b>		
Choline	22.00	>21%
Inositol	66.00	>59%
Carnitine	100.00	<109%
<b><u>Fatty Acids</u></b>		
Oleic Acid	106.00	<132%
<b><u>Other Vitamins</u></b>		
Vitamin D (Ergocalciferol)	22.00	<21%
Vitamin A (Retinol)	31.00	<58%
<b><u>Carbohydrate Metabolism</u></b>		
Glucose-Insulin Interaction	92.00	<120%
Fructose Sensitivity	102.00	>81%
Chromium	98.00	>80%
<b><u>Minerals</u></b>		
Calcium	95.00	<130%
Zinc	117.00	<125%
Magnesium	99.00	<124%
<b><u>Antioxidants</u></b>		
Glutathione	87.00	>85%
Cysteine	107.00	<127%
Coenzyme Q-10	15.00	<26%
Selenium	23.00	<51%
Vitamin E (A-tocopherol)	19.00	<31%
Alpha Lipoic Acid	35.00	<36%
<b><u>Spectrox</u></b>		
Total Antioxidant Function	30.6	>75%

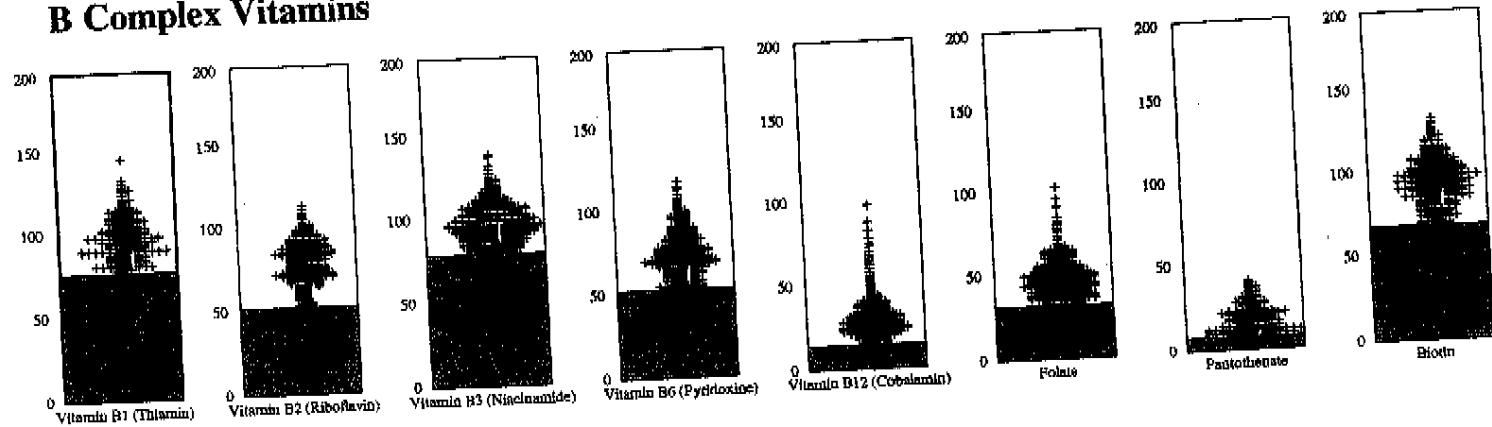
The reference ranges listed in the above table are valid for male and female patients 12 years of age or older.

Acquisition Number: 551074  
Eloise Hahn

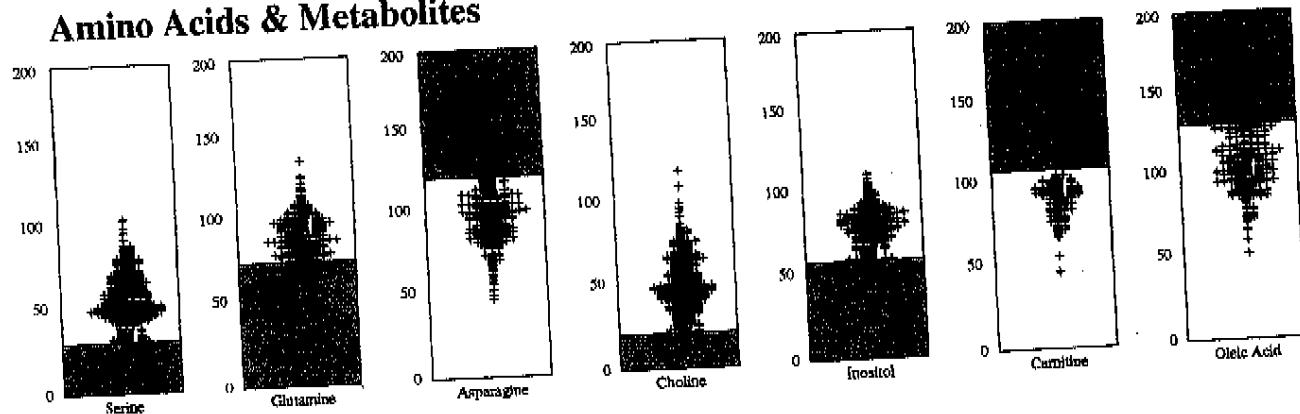
■ Adequate  
■ Deficient

Values in this area represent  
a deficiency and patient may  
require nutrient repletion  
or dietary changes

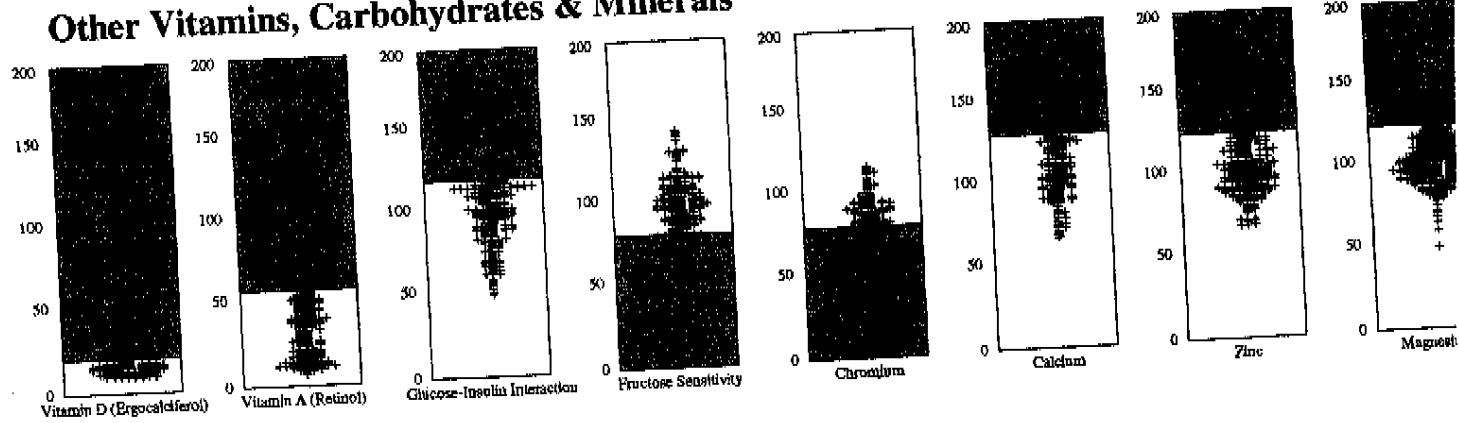
## B Complex Vitamins



## Amino Acids & Metabolites



## Other Vitamins, Carbohydrates & Minerals

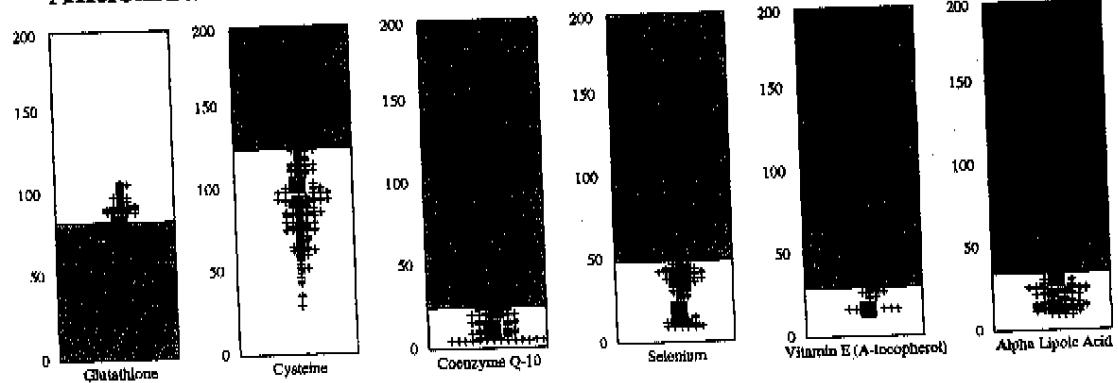


Acquisition Number: 551074  
Eloise Hahn

■ Adequate  
■ Deficient

Values in this area represent  
a deficiency and patient may  
require nutrient repletion  
or dietary changes

## Antioxidants



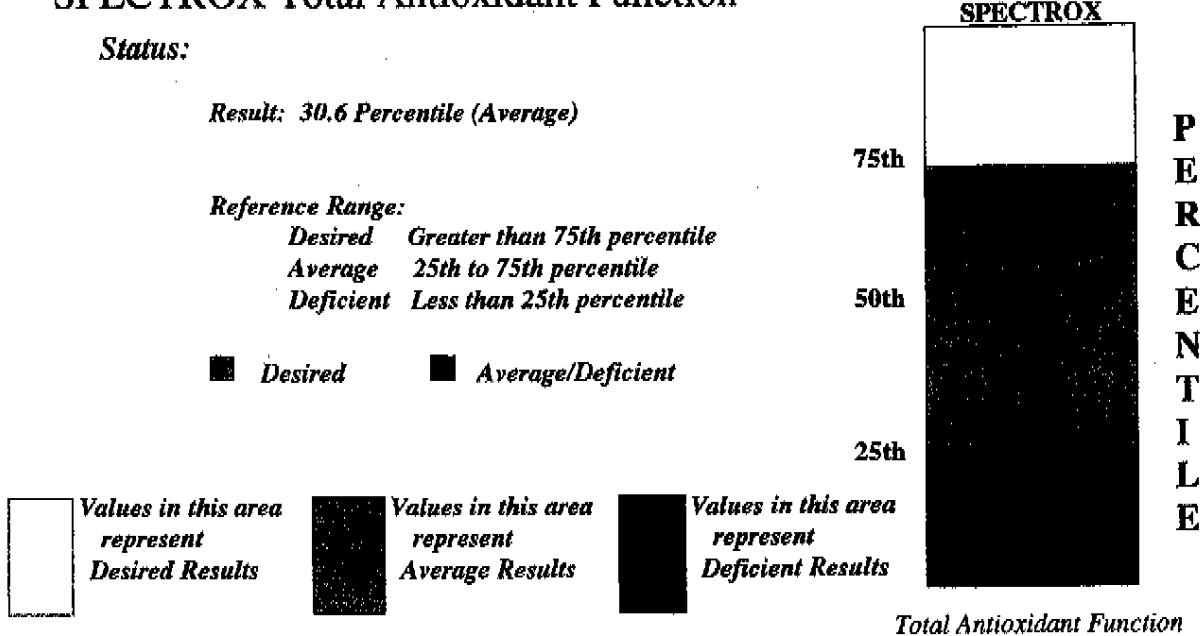
Requisition Number: 551074  
Eloise Hahn

SpectraCell Laboratories, Inc.  
Laboratory Test Report

## SPECTROX Total Antioxidant Function

### Status:

**Result: 30.6 Percentile (Average)**



### Interpretation: Average

A SPECTROX value between the 25th to the 75th percentiles indicates an average antioxidant function for apparently healthy persons. Since antioxidants are protective nutrients, an average status means an ability to resist an oxidative stress similar to the majority of persons. However, average status is not ideal, nor is it clearly deficient.

SPECTROX values below the 25th percentile indicate a deficient antioxidant function. A deficient antioxidant status indicates decreased ability to resist oxidant stress, or an increased oxidant load. A deficient antioxidant status may arise from lack of intake of nutrient antioxidants, lack of uptake of dietary antioxidants, endogenous over production or exogenous exposure to free radicals and/or oxidative events. Deficient synthesis of endogenous antioxidants increased utilization of antioxidants, deficient cellular repair mechanisms, or any combination of these may also be factors.

SPECTROX measures the lymphocytes' total antioxidant function by addition of peroxide [oxidative stress] to complete medium. Lymphocyte growth response with peroxide is reported as a percentile of growth response from a reference range of apparently healthy persons. Since SPECTROX measures total antioxidant functions, clinical interpretation of results should consider physiological, pathological, environmental, lifestyle and dietary factors. Please consider that prior, current or additional supplementation with nutrient antioxidants [vitamin C, vitamin E, beta carotene, etc.] reflects only a part of the total antioxidant systems. Supplementation and lifestyle changes may or may not improve overall antioxidant function, due to the many factors that affect antioxidant status.



### SUPPLEMENTAL INFORMATION

Name: Eloise Hahn  
Gender: Female Age: 53  
Accession Number: G43656

Date Received: 06/12/2007  
Date Reported: 06/20/2007  
Requisition Number: 551074

Account Number: 189377  
David Edelberg, M.D.  
2522 North Lincoln Avenue  
Chicago, Illinois 60614-

Requisition Number: 551074  
Eloise HahnSpectraCell Laboratories, Inc.  
Laboratory Test ReportVitamin B12 (Cobalamin)***Status:***

The patient's lymphocytes have shown a deficient status for vitamin B12 (Cobalamins).

***Function:***

Vitamin B12 is needed to form blood and immune cells, and support a healthy nervous system. A series of closely-related compounds known collectively as cobalamins or vitamin B12 are converted into active forms methylcobalamin or 5'-deoxyadenosylcobalamin. Methylcobalamin interacts with folate metabolism, preventing folate derivatives from being trapped in unusable states. Adenosylcobalamin is involved in the metabolism of odd-chain fatty acids and branched-chain amino acids.

***Deficiency Symptoms:***

Deficiency symptoms of vitamin B12 are both hematological (pernicious anemia) and neurological. A megaloblastic anemia may occur because the effects of the vitamin B12 deficiency on folate metabolism. Shortness of breath, fatigue, weakness, irritability, sore tongue, decrease in blood cell counts (red, white and platelets) are all clinical signs of a vitamin B12 deficiency. Neurological symptoms are manifested as a progressive neuropathy, with loss of position sense and ataxia. If vitamin B12 repletion is not initiated, permanent neurological damage, including degeneration of nerves and spinal cord can result. Recent evidence suggests that mental symptoms of depression and fatigue are detectable before anemia develops. Vitamin B12 is necessary to prevent accumulation of homocysteine, a toxic metabolic byproduct linked to cardiovascular disease and connective tissue abnormalities. Hypochlorhydria and gastrointestinal disturbances are frequently associated with vitamin B12 deficiency.

***Repletion information:***

Dietary sources for cobalamins are strictly from animal foodstuffs. Vitamin B12 is not found in plant foodstuffs. Dietary supplements can also contain vitamin B12.

The 1989 RDA for vitamin B12 is 2.0  $\mu$ g for adults. No toxic effects of oral vitamin B12 intake have been demonstrated, even in doses over 1000  $\mu$ g daily.

Since the absorption and intracellular activation of oral vitamin B12 are frequently difficult, consideration should be given to injectable forms of vitamin B12. Some patients may require more frequent or larger doses than usual before repletion occurs.

Requisition Number: 551074  
Eloise HahnSpectraCell Laboratories, Inc.  
Laboratory Test Report

## Folate

### ***Status:***

The patient's lymphocytes have shown a deficient status for Folate (Folic Acid).

### ***Function:***

Folate (Folic Acid) is needed to produce blood cells and other new tissue cells. Folate is a generic term for a group of pteridine compounds essential for one-carbon unit metabolism. Folates are involved in the synthesis of DNA, RNA, and tRNA necessary for cell growth. Folates are required for metabolism of methionine, histidine, tryptophan, glycine, serine, and formate. Interactions with Vitamin B6 and B12 also occur from common metabolic pathways. Folate function is necessary to prevent accumulation of homocystine. Deficient folate status of pregnant females is also directly linked to incidence of birth defects, especially neural tube defects such as spina bifida.

### ***Deficiency Symptoms:***

Symptoms of folate deficiency include birth defects (neural tube defects, spina bifida), fatigue, anorexia, constipation, glossitis, headaches, insomnia, restless legs, paranoia, memory impairment, megaloblastic anemia (identical in appearance to Vitamin B12 deficiency), hypersegmentation of neutrophils and with severe deficiency, intestinal lesions. However the neurological complications of vitamin B12 deficiency do not occur with folate deficiency. Thus, a regulatory limit on folate levels in dietary supplements of 400 ug per unit is in effect, to prevent a potential missed diagnosis of Vitamin B12 deficiency.

Those at risk for folate deficiency include: Vitamin B12 deficiency, malnourished, malabsorption, pregnant and lactating women, increased rate of cellular division (burns, trauma, malignancies, hemolytic anemias), alcoholics, anti-convulsant therapy (phenytoin, barbiturates, primidone), folate antagonist therapy (nethotrezate, 5-fluoroacul, pyrimethamine), tuberculosis therapy (isoniazid plus cycloserine), oral contraceptive users, sulfasalazine therapy, elderly, infants, inherited folate disorders.

### ***Repletion Information:***

Dietary sources richest in folate (per serving) include:

Nutritional supplements	Legumes
Vitamin-Fortified Cereals	Green Leafy Vegetables
Wheat Germ	Seeds
Nuts	Liver

The 1989 RDA for folate is 400ug per day. No adverse effects from long-term folate supplementation of up to 10mg daily for five years have been reported, indicating a high tolerance level for folate

Requisition Number: 551074  
Eloise HahnSpectraCell Laboratories, Inc.  
Laboratory Test Report

## Vitamin D (ergocalciferol)

### ***Status:***

The patient's lymphocytes have shown a deficient status for vitamin D.

### ***Function:***

Vitamin D is the principle regulator of calcium homeostasis in the body. It is essential for skeletal development and bone mineralization. Vitamin D is a prohormone with no hormone activity. It is converted to a molecule that has biological activity. The active form of the vitamin is 1,25-dihydroxyvitamin D, usually referred to as vitamin D3. It is synthesized in the skin from 7-dehydrocholesterol via photochemical reactions requiring UV light (sunlight). Inadequate exposure to sunlight contributes to vitamin D deficiency. Vitamin D deficiency in adults can lead to osteoporosis. This results from a compensatory increase in the production of parathyroid hormone resulting in bone resorption. Increasing evidence is accumulating that vitamin D may also contribute to antioxidant function by inhibiting lipid peroxidation. The mechanism of the antioxidant effect is unknown. Vitamin D is also needed for adequate blood levels of insulin. Vitamin D receptors have been identified in the pancreas.

### ***Deficiency Symptoms:***

Osteoporosis results from an imbalance between bone resorption and bone formation. Decreased vitamin D levels result in decreased production of the active vitamin form, vitamin D3. Vitamin D enhances the efficiency of calcium absorption. Chronic vitamin D deficiency results in decreased calcium absorption and secondary hyperparathyroidism.

Vitamin D3 has been found to have anticarcinogenic activity, inducing apoptosis in many types of cancer cells. It has also been useful in the treatment of psoriasis when applied topically. Vitamin D appears to demonstrate both immune-enhancing and immunosuppressive effects.

### ***Repletion Information:***

Supplemental vitamin D is available as vitamin D2 (ergocalciferol) or vitamin D3 (cholecalciferol). The Food and Nutrition Board of the Institute of Medicine of the National Academy of Science recognizes the biological activity of vitamins D2 and D3 are equivalent with age related intakes. For both men and women recommended doses:

Age 19-50 years	200 IU/day (5.0 micrograms)
Age 51-70 years	400 IU/day (10 micrograms)
Greater than 70 years	600 IU/day (15 micrograms)

Dosages over 3000 IU/day are associated with hypercalcemia, causing multiple debilitating effects. Anorexia, nausea and vomiting have been observed at doses as low as 1250 IU/day. The prolonged ingestion of excessive vitamin D and the accompanying hypercalcemia can result in metastatic calcification of soft tissues, including kidney, blood vessels, heart and lungs.

Requisition Number: 551074  
Eloise HahnSpectraCell Laboratories, Inc.  
Laboratory Test Report**SPECTROX™ (Total Antioxidant Function)*****Function:***

The function of antioxidants is to protect biomolecules from oxidative damage. SPECTROX measures the net ability of antioxidant and repair mechanisms of each individual's own cells, giving a total assessment of antioxidant function.

***Oxidative Stress:***

Each person's cells and tissues are constantly subjected to highly reactive and unstable molecules termed *free radicals*, causing oxidative stress. These hostile molecules are a normal byproduct of life and are produced by the metabolism of oxygen, immune system cells, numerous enzyme reactions essential for metabolism, and environmental sources (smoke, ionizing radiation, air pollution, chemicals, toxic heavy metals and oxidized (rancid) fats. Some of the more common free radicals are superoxide, hydroxyl, singlet oxygen, and peroxides. By their chemical nature, free radicals, although short-lived, promote a chain reaction of radical formation, followed by a wave of chemically altered damaged biological molecules. Research is continuing to find that much biological damage and diseases are induced and/or mediated by injury from free radicals.

***Cellular Antioxidants:***

Protection of deleterious effects from free radicals is found in a diverse range of molecules termed *antioxidants*. Free radicals and their chain reaction byproducts can be neutralized and converted to less harmful products (quenched) by antioxidants. Antioxidants are enzymes (superoxide dismutase, catalase, glutathione peroxidase), essential nutrients (carotenoids, vitamin C, vitamin E, cysteine, selenium) or a wide variety of endogenous compounds (glutathione, sulphydryl groups, thioredoxin, lipoic acid, coenzyme Q<sub>10</sub>, urate, bilirubin) or dietary compounds (mannitol, bioflavonoids, phenolic acid derivatives, proanthocyanidins). Antioxidants interact in a complex manner with recharging and overlapping, redundant functions. Cells also possess extensive mechanisms to repair damaged biomolecules, which appear protective in a total antioxidant function test.

The clinical correlation of antioxidant status to health remains under investigation. Research evidence in humans has indicated that deficient intakes or levels of nutrient antioxidant are associated with higher risks of arthritis, cancer, cardiovascular disease, cataracts and many other degenerative diseases. Also, higher intakes of nutrient antioxidants are associated with a lower incidence of chronic degenerative diseases. Encouraging studies have also shown that intervention with antioxidant nutrient supplements have therapeutic benefits in humans. Thus, strong scientific evidence illustrates that antioxidants help to prevent chronic degenerative diseases and may help to restore health.

Patient Name: Elise Hahn  
Social Security Number: 322-46-4890

Date of Birth: 3/3/54

Sex: M

EXAM	FEES	PROCEDURES	FEES	In House Labs (CLIA Waived)	FEES
<b>New Patient</b>					
Minimal (10)	99201	Anoscopy; diagnostic	46600	Hemoccult (1-3)	82270
Focused (20)	99202	Bronchospasm Eval (w/o B.D.)	94060	Fingerstick BS	82962
Low Complex (30)	99203	Closure, simple, wound, dehiscence		Rapid Strep Screen	87880
Mod Complex (45)	99204	ECG tracing & Interpretation	93000	Urine Dipstick, auto w/o micro	81003
High Complex/Comprehensive (60)	99205	Ear Irrigation	69210	Urine HCG	81025
Well Exam 12 - 17 yrs.	99384	Eye FB Removal (conjunctival)	65205	Rapid Flu Test	87804
Well Exam 18 - 39 yrs.	99385	I & D Abscess Single/Simple	10060		
Well Exam 40 - 64 yrs.	99386	Multiple/Complex	10061	Gyne Lab Procedures	
		IV Fluid Admin 1 hr: 90780 2+ hrs: 90781		Gram Stain	87205
		Laceration Repair	12001	Pap Smear	88164
		Lesion removal, penis	54056	Thin Prep Pap Smear	88142
		Nebulizer treatment; initial	94640 - 59	Wet Mount	87210
		Nebulizer treatment, subsequent	94665		
<b>Established Patient</b>					
Minimum (Nurse) (5)	99211	Pulse Oximetry, single	94780		
Problem Focused (10)	99212	Pulse Oximetry, continuous	94781	Amylase	82150
Expanded Problem Focused/Low (15)	99213	Removal, Skin Tag	11200	ANA	86038 + 86039
Detailed/Mod Complex (25)	99214	Skin Biopsy 1:11100 2+: 11101		Basic Metabolic Panel (8)	80048
Comprehensive/High Complex (45)	99215	Spirometry	94010	CBC & Diff*	85025
Well Exam 12 - 17 yrs.	99395	Suture Removal	99070	Comprehensive Metabolic Panel	80053
Well Exam 18 - 39 yrs.	99396	Verruca Removal (1)	17000	Ch/GC (SDA-urine MF)	87491 + 87591
Well Exam 40 - 64 yrs.	99394	Verruca Removal (2-14)	17003	Ch/GC (SDA - sw ab MF)	87491 + 87591
				Ch/GC Optima Sw ab, Male	+87490 + 87590
				Cx, Aer. & Anaer.	87070 87075 87205 + 7 S
				Cx, Blood	87040 + 7 S
<b>Injections</b>					
Antibiotic administration, IM	90772	X-Ray		Cx, Campylobacter	87046 + 7 S
Medication administration, SC / IM	90772	Ankle; 2 view s	73600	Cx, Gonorrhoeae (Throat)	87081
Medication administration, IV	90774	Chest PA	71010	Cx, Genital (Bacterial)	87070 + 7 S
Drug Dosage		Chest PA & Lateral	71020	Cx, Herpes	87255 + 87140
Vaccine administration, single vaccine	90471	Elbow; 2 view s	73070	Cx, Salmonella Shigella	87045 + 7 S
Vaccine administration, each add'l	90472	Femur; 2 view s	73550	Cx, Throat	87070 + 7 S
Hepatitis A, 20+ yrs	90632	Finger; 2 view s	73140	Cx, Urine	87086 + 87077 S 87186
Hepatitis B, 20+ yrs	90746	Foot; 2 view s	73620		
Influenza	90658 (V04.81)	Hand; 2 view s	73120	hCG - Blood, qualitative	84700
Meningococcal	90733	Hip; 2 view s	73510	hCG - Blood, quantitative	84702
MMR	90707 (V06.4)	Humerus; 2 view s	73060	HIV-1 Ab	86701
OPV (Polio vaccine)	90712	Knee; AP & Lateral	73560	HSV Type 1&2 Ab, IgG	86695 86696
Pneumovax	90732 (V74.1)	Knee; Bilateral; Standing AP	73565	HSV Type 1 & 2 Ab, IgM	86695 86696
TB Skin Test, intradermal	86580	Pelvis; AP, Bilateral Hips	72170	Lipid Panel	80061
Td (Tetanus/diph)	90718 (V06.5)	Shoulder; 2 view s	73030	Measles Mumps Rubella	86765 86735 86762
Varicella	90716 (V05.9)	Spine-Cervical; 4 view s	72050	Monospot	86308
		Cervical; AP & Lateral	72040	Prothrombin Time (PT)	85610
		LS; AP & Lateral / Cone Down	72100	PSA, Serum	84153
		Thoracic; AP & Lateral	72070	PTT	85730
<b>Lab Procedures</b>				RPR, Serum	86592
Drawing Fee	36415	Tibia/Fibula; 2 view s	73590	Sed. Rate (ESR, Westergren)	86652
Specimen Collection/Delivery	99000	Toes; 2 view s	73660	Stool Culture (Salmonella/Shigella)	87045
Conveyance of Specimen to Lab	99001	Wrist; 2 view s	73100	Stool O & P (1 specimen)	87177/88312
Special Handling/Processing	99199			TSH T3 tot, T4 fr.	84480 84439 84443
				TSH	84443
				Urinalysis, auto w/microscopy	81001

Supplies- see side 2

Less commonly billed items- see side 2

Diagnosis / ICD - 9	<i>UTI</i>	3) situational stress	Today's Charges \$
	<i>2. Inflammation - chronic</i>	<i>4) High cholesterol</i>	Discount - \$
I acknowledge receipt of medical services and authorize the release of any medical information necessary to process this claim for health care payment only.		Tax ID Number	Today's Balance \$
I authorize payment to the provider and I understand that I am ultimately responsible for payment of all medical fees, including any portion not paid by the insurance company.		364223877	Payment - \$
<input checked="" type="checkbox"/> Patient Signature: <i>Elise Hahn</i>		Visa/MC Check #	Remaining Balance \$
		Cash Rec'd By:	

**HISTORY AND PHYSICAL EXAM****Impressions/Plan/Recommendation**  
**Michigan Avenue Immediate Care**

Vitals: Temp 98 RR 14  
 Pulse 80  
 BP 92/60

**CHIEF COMPLAINT:**

\*Please refer to quote from patient on intake form

**Onset:**

POSS. Bladder infection  
 burning urination  
 x 2 days  
 difficulty urinating  
 → BOSS doesn't let her  
 take bathroom breaks  
 → Stress @ work

**Previous Episode:**

Prepped by: KF

**HPI L1-3 – 1-3 elements; L4-5 – 4+ elements**

(1) Location; (2) Quality; (3) Severity; (4) Onset/Duration; (5) Timing; (6) Context; (7) Modifying Factors; (8) Associated Signs/Symptoms

**ROS: L1-3 1 system/pertinent problem; L4 2-9 systems; L5 – 10+ systems**

See attached ROS Intake sheet – clarify as needed/appropriate.

**Past, Family, Social History:**

Established Patient: L1-4 – 1 area; L5 – 2 of 3 areas.

New Patient: L1-3 – 1 area; L4-5 – 3 of 3 areas

See attached medical history and ROS Intake sheet – clarify as needed/appropriate.

Patient Name: George Hahn

Phonetic Pronunciation: EE-lic

Date: 3/23/07

Age 53

Height 3/7154

Sex  M  F

Weight

**Physical Examination**

check (✓) or line through (—) indicates performed and normal  
 negative  
 circle positives (or)  
 slash negatives (or)  
 note other specific findings after word "other" or "abnormal"  
 All findings – see above

**General Appearance**

Nutritional Status Normal; Obese

Anxious: — No; mild/mod/severe

Distress: — No; mild/mod/severe

Hydration Status: — NI; dehydrated (clarify)

Skin: — no rash; abnormal

— warm and dry; abnormal

**HEENT:**

Head: ✓ Normocephalic, atraumatic; Abn

**Eyes:**

✓ PERRLA NI; Abn  
✓ Sclera NI; injected; icteric; Abn  
— Nystagmus NI; Abn  
— EOM NI; Abn  
✓ Lids w/o injection, discharge/pus; Abn  
— Fundi benign; papilledema; arteriolar narrowing/spasming; nicking; Abn  
— Gross VF intact

**Ears:**

✓ External ear normal/non-inflamed; Abn

— Canals NI; blocked with cerumen preventing visualization of proximal canal; w/o discharge, injection, pus; Abn

— TMs NI; injected; bulging; retracted; opaque/fluid level; Abn

✓ Hearing screen with physician — normal  
 asymmetrical R — L

Nose: — Normal; injection; discharge; polyp; Abn

Throat: — Normal; injected; pustules; tonsilla enlargement; Abn

— Voice: soft/raspy/hoarse

Neck: ✓ NI; O cervical nodes; goiter  
 → Location – anterior cervical/supramandibular  
 → Size R — cm L — cm  
 → tender/nontender

Lung: — Breathing grossly normal; rattling/gurgling; cough (dry/wet – productive),

✓ Distress/ — No/mild/mod/severe

— Lung sounds normal, clear and equal; rales; rhonchi; wheezing, coarse BS; decreased BS; Abn

**Heart**

✓ Reg rate/rhythm  
— Heart sounds — NI; S1, S2, No murmur or click

✓ Pulses Normal w/o abnormal femoral/neck br

MUSCULOSKELETAL SYSTEM REVIEW  
Please note relevant pertinent positive or negative findings if musculoskeletal/neurologic injury or problem.

Inspection:  NORMAL  ABNORMAL  
T=tenderness; W=warmth; R=redness; S=swelling  
A=atrophy (measurements)  
PVMS=paravertebral muscle spasm

Note: scars, ecchymoses, varicosities, skin rashes, etc. and other grossly evident findings.

Abdomen  Other - (Splinter hemorrhages, etc.)

- Inspection NI; no scars; Abn \_\_\_\_\_
- Auscultation; bowel sounds; normal; Abn \_\_\_\_\_
- Palpation soft, non-tender; Abn \_\_\_\_\_
- Palpation, no masses; liver or spleen enlargement; Abn \_\_\_\_\_
- Palpation - aorta NI; Abn \_\_\_\_\_
- Flank/back NI; no CVA tenderness; Abn \_\_\_\_\_
- Rectal NI; heme neg; Abn \_\_\_\_\_
- Males - prostate NI.

Lymph Nodes  No groin supraclavicular axillary nodes; Abn \_\_\_\_\_

GU1 Male  Ext gen NI; Abn \_\_\_\_\_  
 Testicles NI; Abn \_\_\_\_\_  
 Prostate

GU1 Female  Ext gen NI; Abn \_\_\_\_\_  
 Cervix NI; no discharge; Abn \_\_\_\_\_  
 Uterus; NI size; non-tender; Abn \_\_\_\_\_  
 Adenxa NI, no mass, non-tender; Abn \_\_\_\_\_  
 No pain with cervical motion; Abn \_\_\_\_\_

Musculo-Skeletal  Joints NI to inspection; see ROM form if injury or if more detailed exam is indicated

Neuro  Alert and oriented x3; Abn \_\_\_\_\_  
 Motor: strength full and symmetric; Abn \_\_\_\_\_

Sensory:  To Lt intact/symmetric; Abn \_\_\_\_\_  
 To PP intact; Abn \_\_\_\_\_  
 To VIB intact; Abn \_\_\_\_\_  
 Two point discrimination NI; Abn \_\_\_\_\_

#### IMPRESSION/PLAN:

DTRS

*A/P*

*① UTI -*

~~uncomplicated~~

*② Insomia -  
well controlled  
by carbam  
zep by*

**MEDICAL DECISION MAKING:** I1 - Straightforward; I2-3 - low/complex; I4 - moderate complex; I5 - high complex.

Tests ordered - please refer to encounter form; results as recorded/noted by physician/lab/printout, etc.

Diagnostic considerations; please see Impression/Plan/physician notes and/or dictation.

Treatment/management options/course of care; please see Impression/Plan/patient instructions/physician notes and/or dictation.

Time spent with patient (optional) \_\_\_\_\_

*③ Several situational  
stts -*

*For suit etc. Working x 1 hr re 3 am*

Dx	Rx
<input type="checkbox"/> Pharyngitis <input type="checkbox"/> Strep Dx <input type="checkbox"/> Non-Strep or Pending	<input type="checkbox"/> Z-pack x 5 days <input type="checkbox"/> Tripak X 3 days <input type="checkbox"/> amoxicillin x 10 days (45 mg / ____/day - kids) (500 TID - adult) <input type="checkbox"/> Keflex/Ancef 500 BID x 10 days <input type="checkbox"/> Other
<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Biaxin XL 2 tabs ____ x 14 days <input type="checkbox"/> Augmentin 875 mg BID x 10 days <input type="checkbox"/> Other
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Biaxin XL 2 tabs daily x 7 days (avoid if on statins) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other
<input type="checkbox"/> Otitis Media	<input type="checkbox"/> amoxicillin x 10 days (40 mg/kg - kids) (500 TID - adults) <input type="checkbox"/> Bactrim DS BID x 10 days (if pcn allergic) <input type="checkbox"/> Z-pack x 5 days <input type="checkbox"/> Omnicef (cefdinir) x 10 days oral suspension Flavor: _____ Dose: ____ mg/ ____ kg/ ____ day <input type="checkbox"/> Augmentin 875 mg BID X 10 days
<input type="checkbox"/> Otitis Externa	<input type="checkbox"/> Cortisporin otic suspension <input type="checkbox"/> Cipro HC
<input type="checkbox"/> UTI: A) (Lower) (Cystitis) (Uncomplicated)	<input type="checkbox"/> Cipro 250 BID x 30 days (r/o pregnancy) <input type="checkbox"/> If pregnant: <input type="checkbox"/> nitrofurantoin 200 mg x 2 days <input type="checkbox"/> amoxicillin 500 mg tid x 3 days <input type="checkbox"/> Keflex/Ancef (Cephalexin) 500 mg bid
<input type="checkbox"/> UTI: B) (Upper) (pyelonephritis)	<input type="checkbox"/> Rocephin (ceftriaxone) 1000-2000 mg IM then Cipro 500 BID X 14 Days  (or) (if not toxic, mn, fever, etc.)  <input type="checkbox"/> Cipro 500 mg BID x 14 days
<input type="checkbox"/> Conjunctivitis	<input type="checkbox"/> Tobrex solution 2 drops to affected eye tid x 3 days <input type="checkbox"/> Ciloxan solution 2 drops to affected eye TID x 3 days <input type="checkbox"/> Erythromycin drops TID to affected eye x 3 days
<input type="checkbox"/> Cellulitis	<input type="checkbox"/> Dicloxicillin 500 ____ x 10 days <input type="checkbox"/> Keflex/Ancef 500 mg TID x 10 days (Cephalexin) <input type="checkbox"/> Duricef/Ultracet (cefadroxil) 1 gram TID x 8 days <input type="checkbox"/> Z-Pak <input type="checkbox"/> Rocephin (ceftriaxone) ____ mg IM for 24 hours <input type="checkbox"/> Add Macrolide if severe <input type="checkbox"/> Levaquin ____ mg PO x 10 days
<input type="checkbox"/> Allergic Rhinitis	<input type="checkbox"/> Astelin nasal spray <input type="checkbox"/> Atrovent nasal spray <input type="checkbox"/> Clarinex <input type="checkbox"/> Zyrtec <input type="checkbox"/> Allegra
<input type="checkbox"/> Tinea	<input type="checkbox"/>
<input type="checkbox"/> Hives	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If laryngeal edema, etc. <input type="checkbox"/> EPI
<input type="checkbox"/> Eczema/psoriasis	<input type="checkbox"/>

Referral physician list and options for follow-up explained to patient:  
\_\_\_\_\_  
(initials)

Importance of follow-up re-emphasized if symptoms persist, worsen, or  
If other symptoms develop, or if patient unsure: \_\_\_\_\_  
(initials)

Standard "Important Follow-up Information/Instructions" provided,  
understood and patient provided opportunity to ask any questions.:  
\_\_\_\_\_  
(initials)

Syphilis  
 GC  
 Herpes

**Michigan Avenue Immediate Care**

Of Chicago Consulting Physicians

James A. Runke, M.D.

Medical Director

Ambulatory Immediate Care • Occupational Injuries • Acute Medical Problems

Executive Preventative Health Examinations • Pre-Employment Physicals • On-Site Health Fairs

Internal Medicine • Specialist Referrals • Disability Evaluation • X-Ray

**Brief Medical History**1. Primary reason for your visit today: Bladder dysfunction

2. Are you presently under a doctor's care for any medical problem?

 No Yes, please explain: weight control, sleeping disorder, cholesterol, thyroid, water pills, calcium pills, metformin, potassium & night

3. Do you take any prescription medications at this time?

 No Yes, please list: as above

4. Are you allergic to any medications?

 No Yes, please list: \_\_\_\_\_

5. Please list any past surgery or hospitalizations:

#1 Appendectomy Year 1974#2 Appendectomy Year 1990#3 Hernia Year Unterminated

6. Are there any significant medical problems in your family?

 No Yes, please list: \_\_\_\_\_

7. Do you smoke?

 No Yes, how much: 2 cigarettes/ day

8. Approximately average number of times exercising per week:

 0 1-2 3-5 6-7 Reviewed by physician \_\_\_\_\_ (initial)

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**Review of Systems**

Please check any/all that apply currently:

**General:**

- Fatigue or excessive tiredness
- Body aches and pains
- Fever
- Night Sweats
- Difficulty Sleeping
- Unexplained/unplanned weight loss/gain

**Skin:**

- Rash
- Itching
- Moles
- Sores that don't heal
- Change in nails
- Easy bruising
- Color change

**Eyes:**

- Glaucoma
- Cataract
- Vision Problems *20/30 - 20/20*
- Dry and/or itchy eyes

**ENT:**

- Earache
- Ear damage
- Ringing in ears
- Hearing loss
- Nose bleeds
- Chronic sinus problems
- Bleeding gums
- Hoarseness or change in voice
- Dizziness/vertigo
- Sore throat

**Respiratory:**

- Shortness of breath
- Chronic cough
- Asthma or wheezing
- COPD (chronic bronchitis/emphysema)
- Tuberculosis
- Pneumonia
- Past smoker
- Occupational lung exposure (dust/chemical/toxin)

**Cardiovascular**

- High blood pressure
- Congestive heart failure
- Angina or blockage of arteries
- Heart attack
- Swelling of ankles
- Heart murmur
- Rheumatic fever
- Leg cramps
- Varicose veins

**Gastrointestinal:**

- Nausea/vomiting
- Heartburn
- Difficulty swallowing
- Abdominal pain
- Jaundice, liver disease or hepatitis
- Constipation
- Diarrhea
- Blood in stool
- Hemorrhoids
- Ulcer
- Hernia
- Irritable bowel syndrome

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**Endocrine (hormonal):****Genitourinary:**

Delay initiating stream of urine (males esp.) *with bladder infection*

Frequent urination *soaking pants*

Burning with urination *water a pidd*

Blood in urine *w/blood in, heartburn*

Prostate problems

Sexually transmitted disease

Prior sexually transmitted infection

HIV or risk factors for HIV

Excessive thirst or hunger

Excessive urination

Thyroid problem

Diabetes

Illicit drug use

Excess alcohol use

**Psychiatric:**

Current excessive stressors

Anxiety

Depression

Prior psychiatric treatment/counseling *for sleeping*

**Other:**

Cancer

Benign tumor

**Musculoskeletal:**

Back problems

Arthritis

Fibromyalgia

Rheumatoid arthritis

Past injury or fracture (*broken nose*)

Prior joint or ligament surgery

**Neurologic:**

Dizzy spells

Fainting spells

Seizures

Chronic headaches

History of stroke

**Women only:**

Menstrual difficulties

Vaginal bleeding between periods

Breast lumps, pain or discharge

Endometriosis

Use of birth control pills

 I HAVE NONE OF THE ABOVE Reviewed by physician \_\_\_\_\_ (initial)

# **90 Second Crash Course On Insurance Coverage Issues**

**(Why Your Insurance Company May Not  
Cover a Portion of the Medical Fee)**

We recognize that medical bills from a doctor's office sometimes come as a surprise (or at least an unwelcome reality). We also know that the "fine print" of most insurance plans can be confusing, unclear, intimidating, and at times overwhelming. We offer this information in an attempt to help you avoid non-coverage "surprises".

The **most common** reasons patients become responsible for their medical bills are as follows:

- A. **Deductibles:** Defined as the portion of the medical bill to be paid out of pocket by the patient each policy year before insurance coverage begins. \$100-\$1,000 deductibles are common these days.
- B. **Co-insurance:** A percentage of the bill paid for by the insurance company, with a corresponding percentage paid by the patient. For example, the terms of an insurance policy could state that the insurance will pay 70% of the total medical costs, leaving the patient responsible for 30%.
- C. **Non-covered services:** Specific aspects of medical care excluded from coverage by the "fine print" of the insurance policy.

**What you, as the "consumer", can do to avoid an unexpected medical bill:**

1. Clarify coverage issues in advance.
2. Read and understand the terms and limitations of your insurance policy/contract.
3. Be informed about these confusing insurance coverage issues.

\*\*While the medical staff of any physician's office may try to answer insurance coverage questions, it is ultimately up to the patient or "consumer" to remain informed as to the specifics of their insurance policy.

\*\*\*If unsure you can check the specific terms and limitations of your insurance policy by calling the 800 number on the back of your insurance card, or asking your human resources director, or checking the insurance benefit packet shared with you by your workplace or school.\*\*\*

**MICHIGAN AVENUE IMMEDIATE CARE**  
Of Chicago Consulting Physicians

**Payment Information/Agreement**

**I. METHOD OF PAYMENT TODAY**

Self Pay (indicate your preference below):

Credit Card (Visa or Mastercard)

Check

Cash

Please bill my insurance company. Please present your insurance card to the receptionist at the time of registration.

Please note: Co-payments, deductibles, etc. not covered by the insurance company **are due at the time of service.**

Elaine K. Hob  
Patient's Signature

3/23/07  
Date

**II. ASSUMPTION OF RESPONSIBILITY FOR PAYMENT OF FEES**

I understand that the processing of medical insurance by Michigan Avenue Immediate Care is done as a courtesy and that I am ultimately responsible for payment of the medical bills incurred.

Elaine K. Hob  
Patient's Signature

3/23/07  
Date

Hahn, Eloise  
"Elle"

3/23/07  
OND

ID: -----  
03-23-07 18:06

CLARITY: -----  
COLOR: LT. GREEN

MULTISTIX 10 SG

GLU NEGATIVE  
BIL NEGATIVE  
KET NEGATIVE  
SG  $\leq 1.005$   
BLO NEGATIVE  
PH 7.5  
PRO NEGATIVE  
URO 0.2 E.U./dL  
NIT NEGATIVE  
LEU\* LARGE

Law Office of  
Kevin L. Willis  
2137 S. Euclid Ave., Ste. 3  
Berwyn, IL 60402  
Ph: (708)484-1000  
Fax: (708)484-1140  
e-mail: kkwillis@sbcglobal.net

March 11, 2008

Present:

Eloise Hahn  
Donald Anderson  
Rochelle Marcellers  
Alan Nudelman  
Martin Mills

We met today, March 11, 2008, to discuss the events of March 6, 2008. Upon further reflection, I have the following response to the issues raised at our meeting on March 11, 2008.

1. I was not away from my desk on March 6, 2008 for an extended lunch from 11:30 a.m. to 12:35 p.m.
2. I did not make a personal call phone call after lunch.
3. I was not loud and disruptive in the workplace.
4. I was not absent without leave after 3:30 p.m.

Date: March \_\_\_, 2008

Eloise Hahn

March 11, 2008

Present:

Eloise Hahn  
Donald Anderson  
Rochelle Marcellers  
Alan Nudelman  
Martin Mills

We met today, March 11, 2008, to discuss the events of March 6, 2008. Upon further reflection, I have the following response to the issues raised at our meeting on March 11, 2008.

Regarding the question of whether or not I was away from my desk at lunch for an extended period of time, I do not recall the exact time I was at lunch on that day. Like most employees, I do not keep records of my exact lunch time and I do not recall taking an extended lunch on that day. It was not my intention to take an extended lunch. I follow the practices of my coworkers with regard to the amount of time I spend at lunch. It is possible that my lunch was interrupted by work, or by a work related conversation or issue, and that may account for the misimpression that I took an unusually long lunch. However, as I said before, I do not recall being away at lunch for an unusually long period of time. If management wants me to take 30 minutes of leave to account for the possibility that I extended my lunch period beyond what was allowed, I will certainly do that as I have no intention of cheating the government or public out of any time.

Regarding the question of whether or not I made a personal call after lunch in regards to personal travel arrangements, I do not have any specific recollection of such a call. I certainly had no intention of spending 15 minutes on such a call and do not recall such a call of such a duration. Regarding personal calls during work, I generally follow the practices of my coworkers and try to limit my personal calls. However, like most of my coworkers, there are times when I must receive or make a call and I do so but try to minimize such occurrences.

Regarding the question of whether or not I was loud and disruptive on the afternoon of March 6, 2008, I certainly did not intend to be loud and disruptive and do not recall being loud and disruptive. I apologize to you and my coworkers if anyone felt I was too loud or being disruptive. I was not feeling well on March 6 and it is possibly that my voice and tone of voice reflected my physical state. I probably should have left work earlier rather than continue to try to carry out my work assignments even though I was not feeling well.

Regarding the question of whether or not I was absent without leave after 3:30 PM on March 6, 2008, my supervisor was aware of my absence and I have always intended to submit a leave slip for that absence. Perhaps I failed to inform my supervisor because he also left early that day. I was not feeling well that day and may have failed to submit a leave slip in my rush to return home. I have submitted such a leave slip at this time.

I really regret if my actions on March 6, 2008, caused any concerns or problems. As I said previously, I was not feeling well and perhaps that left me a bit out of sorts and less than clear

headed in terms of my actions. I have always been willing to submit leave slips for any time I take and will do so to the extent management wants me to file such slips.

If there is additional information management needs to conduct a proper investigation please let me know and I will willingly provide information to the extent I can recall, or possess, such information.

This is my statement concerning the events on Thursday, March 6, 2008.

---

(signed) Eloise Hahn

---

(date)

Statement – Eloise Hahn re: 3/6/2008

Page 1 of 2

March 11, 2008

Present:

Eloise Hahn  
Donald Anderson  
Rochelle Marcellers  
Alan Nudelman  
Martin Mills

Question: On Thursday, March 9, 2008, your supervisor has said that you were away from your desk at an extended lunch from no later than 11:30 to 12:35, that you were on a personal phone call after lunch, that you were loud and disruptive in the workplace, and that you were absent without leave after at least 3:30 pm. Please give us your side of the story for the events of that day.

ANSWER: (paraphrased) I endured a nine-hour day of labor.

I have to work 8 to 5:30 , every day, with no work at home.

Peter Swenson happened to be at my lot.

It is my contention that I was getting something from my car.

Peter and Alan Nudelman forced me to go home so “you could see my house and see if I actually lived in Indiana”

Question: When Peter was at the parking lot, he was told by the parking attendant that you were trying to pay for your car, and were unable to do so because your credit card was not working.”

ANSWER: I deny all those accusations, each and every one.

You’re following me like little Nazis. Why are you following me?

Question: Were you away at lunch or otherwise away from your desk between 11:30 am and 12:35 pm?

ANSWER: I don’t recall.

QUESTION: Did you make a telephone call of a personal nature, specifically for personal travel arrangements, between 12:45 and 1:00 pm?

ANSWER: I don’t recall.

Management Version

Statement – Eloise Hahn re: 3/6/2008

Page 2 of 2

QUESTION: Were you loud and disruptive on Thursday afternoon, to the point where your supervisor asked you to be less disruptive?

ANSWER: No, I deny that, in each and every way. It's a complete misstatement that you made.

QUESTION: Were you absent without leave after 3:30 pm? Did you ask for leave from any supervisor, acting or otherwise?

ANSWER: I don't recall.

QUESTION: You previously said you were driven home by Peter Swenson that afternoon.

ANSWER: I was forced to go home. (Paraphrase)... so you could see my house. (?)

QUESTION: Did you arrive home before 5:30 pm?

ANSWER: I don't recall.

QUESTION: Is there anything else you would like to add at this time about the events on Thursday, March 6?

ANSWER: I would like to get my attorney involved at this time for prosecution against the U.S. Government, for harassment, defamation of character, etc., etc, (SIC) in the Federal courthouse, right here. You can't keep doing this to me.

You are doing this because I was a former Union official. Management can not get over this, that I was the first vice-president. Management can not take it that I formed a union.

I have always done my mission for the government.

I'm old, a sexpot that's no longer in. Why always must I have all this contemptuous conduct against this?

This is my statement concerning the events on Thursday, March 6, 2008.

---

(signed) Eloise Hahn

---

(date)



Donald  
Anderson/R5/USEPA/US  
03/12/2008 12:26 PM

To: Martin Mills/R5/USEPA/US@EPA  
cc: Jeffrey Bratko/R5/USEPA/US@EPA, Rochelle  
Marcellars/R5/USEPA/US@EPA  
bcc:  
Subject: Re: Statement

Martin,

Eloise Hahn wanted to review this with her own attorney.

She has scheduled an appointment with an attorney for this evening to go over the attached.

I hope to have her statement to you by tomorrow afternoon.

Don Anderson  
Stewart/Local 704

Martin Mills/R5/USEPA/US



Martin Mills/R5/USEPA/US  
03/11/2008 11:33 AM

To: Donald Anderson/R5/USEPA/US@EPA  
cc:

Subject: Statement

Here's what we understood Eloise Hahn to say about the events on March 6, 2008. Alan Nudelman and I worked together to make this as accurate as to what we heard as possible. Please work with her so she can provide an accurate statement as she recalls of those events.

Please call Alan or myself if you have any questions.

Martin Mills  
HR



Statement - Eloise Hahn.doc



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5

77 WEST JACKSON BOULEVARD  
CHICAGO, IL 60604-3590

REPLY TO THE ATTENTION OF:  
W-15J

August 13, 2002

**MEMORANDUM**

**SUBJECT:** Reassignment of Eloise Hahn

**FROM:** Jo Lynn Traub, Director  
Water Division

**TO:** Donald Anderson, Steward  
AFGE Local 704

This memorandum acknowledges your LAN message of August 8, 2002, concerning the subject reassignment. On August 13, 2002, I signed SF-52 directing a management reassignment of Ms. Hahn to the NPDES Programs Branch under the direct supervision of the Branch Chief, Rebecca Harvey, as a GS-819-12 Environmental Engineer, effective August 11, 2002.

With the change in work assignments, the work counseling Performance Assistance Plan initiated by Mr. Kuefler is no longer in effect and all records of the PAP are being purged from the files. Additionally, Mr. Kuefler will prepare an interim appraisal of Ms. Hahn's performance at the successful level at the earliest mutually convenient time.

We appreciate Ms. Hahn's withdrawal of the EEO pre-complaint counseling action. With the reassignment of Ms. Hahn, we consider the informal grievance of July 12, 2002, and your July 3, 2002, Request For Information relative to the PAP to be closed.

**CC:** Eloise Hahn  
Vitas Paskauskas, LRO, HRB  
John Breslin, ORC  
AFGE Local 704  
Patrick Kuefler, WECAB, Sec. 2  
Rebecca Harvey, Chief, NPDESB

*Eloise  
Hahn*



*Claire Powell Agency*

BERWYN, ILL.



ACTRESS • MODEL • DANCER  
Specializing in Close-Ups: Face, Hair, Teeth

Size - 12  
Hair - Blonde  
Eyes - Green  
Height - 5' 8"  
Bust - 36  
Waist - 26  
Hips - 37  
Glove - 7½  
Hat - 22  
Shoe - 8½  
Age Range - 18-35



Photo by  
*Bolber*  
CHICAGO